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ABSTRACT

The booklet provides information and materials for setting up and implementing a 10-day sex education course for delinquent or sexually active adolescents. The course objectives are stated as imparting factual information in the areas of anatomy, venereal disease, birth control, and pregnancy. The manual provides information on staff considerations and preparations, preliminary development and guidelines for gathering community support, relevant laws, and lesson plans (including graphics). The objectives and guidelines of the program pre and post test on human awareness are provided. A glossary of terms related to human reproduction and related areas of social health education is included. Among appendixes are a list of student and teacher pamphlets and books, films and filmstrips, and reprints of newspaper and magazine articles. (PHR)

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PROLOGUE

Eleven years ago when I began teaching as a home economics teacher for Osborne School, my primary goal was to develop and implement a sex education course designed specifically for incarcerated youth. Even though I was armed with statistical data to support my contention and desire, the climate, both in administration and the probation department, was not conducive to accepting this subject matter as a necessary part of the school program. Two years ago, with the addition of other supportive staff members and a climate change, we were able to implement a sex education course which we call Human Awareness. The purpose of the Human Awareness Program is to impart factual information in the area of human sexuality with a concentration in those areas of high concern to our student population,

1. Anatomy
2. Venereal Disease
3. Birth Control
4. Pregnancy

and to help dispel "myth" information acquired both at home and on the street. This course is also designed to explore alternatives in human sexual behavior and identity, to suggest methods for seeking solutions to personal and family problems through the use of community resources/ agencies and to increase awareness that each individual has the power to make choices about how his/her body is used.

It was our contention that this course would serve a two-fold purpose. By dispelling myths and replacing student information with facts, our population might very well create a "ripple" effect within the community. Young people who have been in juvenile hall and then return to the community have a certain "notoriety" with their peers. Their peer population tends to look up to them and listen to what they have to say, truth or fiction. It is our hope that this unique population might well begin to spread truth and facts instead of myths, at least within the area of sexuality.

Over the past two years this course has been taught sixteen times at Osborne, Santa Clara County's school within the juvenile hall facility. Using teacher designed pre and post tests, the average rate of growth, overall, for these classes has been thirty percent. Growth scores have ranged from a low of eighteen percent to a high of forty-two percent. The eagerness of students desiring to take the course attest to the popularity of the Human Awareness Program. In January of this year, the program was incorporated into the curriculum at C. W. Washington, Santa Clara County's school located on the grounds of the Children's Shelter. Some adjustments were made in the program to better meet the needs of dependent children, in lieu of delinquent, but basically the content and format remain the same.

There is a great deal of information and material incorporated into this ten-day session. It is an exhausting, demanding and sometimes frustrating course to teach, but it is also the most rewarding experience I have encountered during my years of teaching. It is difficult for me to convey the satisfaction that can be derived from being part of such a teaching experience. One of my students left this note with me on the last day of class. . .it expresses these feelings far better than I can.

> "Well, my girl is going to have a baby. I never said nothing but I think this class really helped me. This is no question just thanks."

Success with your venture. . . .

Barbara Peter

STAFFING CONSIDERATIONS & PREPARATION

Careful selection of staff members to teach the Human Awareness Program is the single most important decision for insuring the initial acceptance of the program by probation staff and community members, and to insure its continued successful impact on your student population.

The following staffing considerations are those which we have found help to insure success.

Selection of:

1. Teachers who are mature, honest, self-assured, not easily threatened, and who have a minimum of personal sexual hang-ups.

2. A male/female teaching team - a team highly skilled in facilitating and leading group discussions and who can work effectively together.

3. Teachers who are willing to spend outside time in preparation of student materials and additional course work to expand their own knowledge.

4. Teachers who have some background preparation in family life and/or counseling/ psychology.

Suggestions for preparation include:

1. A thorough understanding of the subject matter both by reading the suggested teacher reference materials and availing yourself of related course work that might be available through your local college or university.

2. Contacting ***Planned Parenthood.*** This organization can give a great deal of support and provide useful classroom materials.

3. A knowledge about the services and agencies available to teenagers within your community.

4. Developing the support of medical and probation personnel connected with your facility.

5. Formation of an advisory committee that would include teaching and probation department staff, community leaders and parents when appropriate.

PRELIMINARY DEVELOPMENT & GUIDELINES

Development of the Human Awareness Program began in the fall of 1976 with the formation of an advisory committee. This advisory committee consisted of the following members:

1. four teachers selected to teach the course (2 male/female teams)
2. school administrator
3. school guidance counselor
4. school psychologist
5. counselor from probation department
6. nurse
7. chaplin associated with probation department
8. a foster parent

The advisory committee was to serve the following purposes:

1. review materials selected and developed by the teaching team
2. act as liaison or advocate to their respective agencies or representatives
3. make suggestions about subject matter and other relevant issues

We found this advisory committee met a vital need to insure both the acceptance and success of the Human Awareness Program. Even in this enlightened age, a great deal of doubt and suspicion about the value of sex education both existed within the probation department and the community. Support provided by members of this advisory group and their willingness to act as advocates reduced much of this concern.

The four teachers spent the next school year researching current sex education curriculum guides and developing format and materials that would be appropriate and effective with the student population we serve. Regular public school curriculum guides were of little value because they served a different population of students and their curriculum was developed around a nine month school program. We selected the California Youth Authority curriculum guide as a base to begin development. Much of our material was drawn from this model and adapted to suit the unique needs of a short-term facility.

Because of the short stay of our students, it was determined that this course would be conducted for two weeks on a one class period per day schedule, with a limitation of sixteen students per session. After much discussion we concluded that the most beneficial and realistic approach would be to have a co-ed class monitored by a male/female teaching team, and because of the high incidence of need, concentrated on the following areas of concern:

1. anatomy
2. venereal disease
3. birth control
4. pregnancy

There are many other areas of sexuality that our students concern themselves with and need information about, but in a two-week course it would be impossible to deal adequately with all of them. However, in an open-ended discussion course such as this is designed to be, the opportunity exists to answer many of the students' questions concerning:

1. homosexuality
2. masturbation
3. incest
4. prostitution
5. female/male relationships
6. sexual responsibility
7. values

It was determined by this teaching team that future plans should include an advanced course that would encompass a deeper understanding and knowledge in these areas.

State law mandates that parental permission be required before dispensing much of the information included in this course. Time is of the essence in a court school setting, so we designed a parent permission form letter that assumes permission and must be returned only if permission is not granted. A copy of the letter is included in the Program Format.

This course is elective and an addition to the regular school day. Credit is given either as an elective or as one of the regular classes (according to the need of the student). Students receive one credit for the two-week course and grading is on a plus or minus basis. Students are given a 15-20 minute orientation as to course content and student expectations before being allowed to sign up for the program. This student orientation and sign-up form is included in the Program Format.

Approximately a month before implementing the first session of the Human Awareness Program, we held an open house for all interested probation personnel and community members. Our teaching materials, films and student pamphlets were on display and teachers were present to respond to questions. This phase of planning and development can be an effective means to dispel resistance by both probation and the outside community.

STUDENT POPULATION

Juvenile court schools deal with a unique population of students. Eighty to ninety percent of our twelve to eighteen year old young people are sexually active. Many of our students either do not attend school when they are outside the juvenile facility, or their education is interrupted by frequent moves, illness or socially disruptive behavior. The very students who desperately need sex education within their schools generally do not receive this service because of their oft-interrupted attendance. In assessing the needs of our student population, it was determined that although these young people were sexually active at an early age, their lack of knowledge about their bodies' sexual functions and other related information was severely lacking.

Every year, one million teenage girls become pregnant; eight out of ten of these girls do not finish high school and so reduce their chance of earning a decent living and thus perpetuate the welfare rolls. The fathers are either too young, incapable or uninterested in supporting a family. Both may end up in the juvenile courts because of their sexual activities. A large percentage of the population incarcerated in juvenile facilities are detained because of sexually related offenses either committed by them or upon them.

Minors are subject not only to the same restrictions on some types of sexual behavior as adults (i.e., rape, prostitution) but also can be held liable for sexual activity which is not a crime for an adult (i.e., heterosexual intercourse with an individual over the age of 18).

Venereal disease, considered above the national average in the Bay Area, is present in ten percent of the juvenile hall population. This ten percent figure is just an estimate because the screening for venereal disease is only provided when a young person feels he/she is contaminated. Either from fear of the unknown or ignorance of the facts, most young people resist seeking medical assistance.

Incest, a hushed subject in most communities, is found to be a prevalent factor in female runaways, prostitution and drug addiction. Santa Clara County has the only incest treatment program in the nation. The Child Sexual Abuse Treatment Program in operation since 1971, has treated over 400 sexually molested children and their families. Studies indicate that twenty-three to twenty-five percent of women in the nation were sexually molested as children. Only fifteen percent of the offenders were strangers; thirty-five percent were relatives.

The above reasons more than support the necessity for developing an all inclusive sex education program within a court school curriculum framework.

Because of a lack of staffing and adequate facilities we were unable to serve all of our population; so we chose to work with these teens who were in the thirteen to seventeen year old bracket. The Human Awareness Program was therefore designed to facilitate the needs of this group.

GUIDELINES FOR CLASS SIZE, ROOM ARRANGEMENT, ETC.

1. Keeping the class to an ideal of ten to twelve students, or a maximum of sixteen, increases the opportunity for rapport to develop between students and teaching team. This rapport is absolutely essential to create the trusting atmosphere necessary to induce students to ask those questions they are most concerned about.

2. A coed class should have a balance of male/female students so that neither group feels threatened.

3. Room selection and arrangement should be carefully thought out, considering these possibilities:

   a) a room which has few outside distractions or interruptions
   b) a relaxed atmosphere - suggest desks in a circle arrangement
   c) do not make room **too** informal (i.e., pillows or sitting on the floor) because students sometimes need the support of a desk to hide behind.

4. Each class period should have closure - don't leave unanswered questions hanging.

5. If at all possible, the Human Awareness Program should be taught during the last period of the day - in case the class runs overtime.

6. If you don't know the answer to a question, say so! Find the answer and respond to the question the very next day class is conducted.

7. Discourage all visitors to the classroom - students are not comfortable with this material when strangers are wandering in and out. (If your administrators must monitor the program, advise the students ahead of time, and introduce the administrators and include them in the day's discussion.)

8. Make time at the beginning of each class period for a review of the previous day's material and to answer all questions submitted.

9. Encourage students to submit anonymous questions for the question box and then read the questions exactly as students have stated them. (A sample of questions asked by students is included in Appendix B.)

10. Insist on the rule that personal sexual experiences will not be discussed, neither your's nor the student's.

11. Once the class has been established do not admit new students. Everyone who will participate should be there on the first day.

12. Student orientation should be conducted and signup forms completed before parent permission letters are mailed.

13. Plan to send out parent permission letters seven days before each two-week session to give parents sufficient time for response.

PROGRAM FORMAT

Included in this section is a day-to-day breakdown of lesson plans for a two week Human Awareness Program.

Course Objective

Given the amount of information available during a two week course, the student will be able to make more educated choices about his/her own sexual life and gain some control over his/her own body. Measurement will be implemented by teacher designed pre and post tests.

Special Students

The course content and format is so designed that a slow or non-reader will not be at a disadvantage. With two teachers conducting the program, ample assistance is available for reading pre and post test questions to these students. All other material is related both by audio and visual means as well as in written form.

Setting the Stage

Arrange room so that desks are in a circle and teachers can sit with students, preferably not together. Serving refreshments may help to create the relaxed atmosphere that is desired.

ORIENTATION

HUMAN AWARENESS PROGRAM

Commencing _____(date)_____, a class entitled "Human Awareness" will be taught at Osborne School. This class will be an elective, a coed class available to both G-1 and B-1 students. The topics to be covered during this class will be birth control, pregnancy, human anatomy and venereal disease. Classes conducted this first year are on an experimental basis - each will last two weeks. At the end of this year, the program will be evaluated. Further classes will be dependent upon how this class is received.

If you are interested in taking the "Human Awareness" class, please fill out the information below:

* * * *

While your child, _____, is attending Osborne School, he/she will have an opportunity to participate in an elective course entitled "Human Awareness." The content of this course will include study in the areas of anatomy, venereal diseases, birth control and pregnancy.

If you do not wish your child to participate in this program, please check the box below and sign your name and return within three (3) days to Osborne School.

☐

_____

Signature

The materials that will be used during this course are available for previewing at:

Osborne School
Santa Clara County Juvenile Facilities
840 Guadalupe Parkway
San Jose, CA 95110

FOR APPOINTMENT CALL: Telephone (408) 299-3173

DAY 1

1. Introduction - introduce yourselves, you and students make identification cards to place on desk (until everyone is acquainted).

2. Discuss - purpose of the class - what is it all about? Ask - what do you as students want to get out of the class? Statement can be something like this:

   > Almost everyone knows something about sex. . . .we get our information from parents, friends. . . .whispers on the streets or at school. . . .sometimes the information we get is true, sometimes it's a myth (what is a myth?) that has been passed around for so long it seems like the truth. What we are going to do in this class is separate the myths about sex from the true facts. . . .so that you can leave class with the knowledge that the information you have is true.
   >
   > When you leave the hall, do all the rumor spreading you want. . . .you'll be spreading the truth and that's good!

3. Give students a quick overview of what the two week course schedule will be.

4. Read and discuss with students the handout sheet that covers program objectives, class rules and guidelines. Relate information and provide space for questions so that all students understand their class guidelines and the expectation staff has of them.

5. Give pre test. When completed have students correct their own tests. (Use another color of ink for correction so that you will be able to record true scores). Read each question aloud and give the correct answer. This is an important step in eliminating reinforcement of incorrect information. (Keep discussion to a minimum at this time).

6. Introduce question box - encourage students to write questions anonymously. Using a 3" x 5" card ***everyone*** writes a question and inserts in box - to help get the class started.

7. Summation and an introduction of Day 2 activities.

Day 1: Materials List

Refreshments (optional)
Identification cards (5" x 7" cards folded in half)
Handout - ***Human Awareness Objectives and Guidelines***
Pretests
Question box, 3" x 5" cards

HUMAN AWARENESS – OBJECTIVES AND GUIDELINES

OBJECTIVES

THIS CLASS IS DESIGNED TO:

1. Help you understand the similarities and differences between men and women.

2. Provide you with the names and locations of agencies in your community where you can go for help when you need it.

3. Increase your awareness that every individual has power to make choices over how his/her body is used.

4. Provide you with factual information concerning:
   a. human anatomy
   b. birth control
   c. venereal disease
   d. pregnancy
   e. other topics that may come up

THREE RULES FOR THIS CLASS:

1. Everyone is free to say anything or ask any questions.

2. No one has to say anything or answer a question.

3. Nothing talked about in class may be discussed outside the class.

GUIDELINES

1. It is very important that you come to class every day.

2. Once the class has started there will be no new students admitted.

3. You may be embarrassed . . . we may be embarrassed . . . because we will be talking of things seldom discussed in a classroom. This embarrassment will be overcome as all of us become more comfortable with the subject matter.

4. Questions can be directed to either teacher.

5. We are not in this class to talk about personal experiences. We will not answer personal questions concerning sexual experiences.

6. Our purpose is to provide you with as much factual information as is available. It is not our intent to make value judgements about the way in which you choose to use that information.

7. If we do not know the answer to a question, we will say so, but try to find the answer for you as soon as possible.

HUMAN AWARENESS – PRETEST

Name _____

Score _____

		True	False	Don't Know
1.	The signs of syphilis will go away if a person does not have treatment.	___	___	___
2.	The symptoms of syphilis are painful for both males and females.	___	___	___
3.	Using a condom (rubber) may prevent clap.	___	___	___
4.	Gonorrhea (clap) can keep a woman or man from having a baby.	___	___	___
5.	Being cured of V. D. once means you can't get it again.	___	___	___
6.	Early signs of syphilis show more in females than in males.	___	___	___
7.	There are no preventative measures a female can take to keep from getting V. D.	___	___	___
8.	You can get syphilis from a dirty toilet seat.	___	___	___
9.	A girl may have gonorrhea (clap) and not show any signs.	___	___	___
10.	Syphilis is the most advanced form of gonorrhea.	___	___	___
11.	A mother who is nursing her baby cannot become pregnant.	___	___	___
12.	If a pregnant woman is infected with syphilis, she can pass the disease to her unborn child if she does not receive treatment soon enough.	___	___	___
13.	Birth control methods that work need a doctor's prescription.	___	___	___
14.	Unless the male ejaculates (comes) inside the woman, she cannot get pregnant.	___	___	___
15.	The time of the menstrual cycle when most women are likely to conceive (get pregnant) is right in the middle.	___	___	___

		True	False	Don't Know
16.	Women do not usually know when they ovulate (release an egg).	___	___	___
17.	Taking birth control pills can't hurt you.	___	___	___
18.	The IUD is more effective than the pill.	___	___	___
19.	When you first start using birth control pills you are protected against pregnancy right away.	___	___	___
20.	The IUD **must** be put in by a doctor.	___	___	___
21.	Anyone can buy a condom (rubber) in any drugstore.	___	___	___
22.	You can tell homosexuals by the way they act and dress.	___	___	___
23.	It is not harmful to have sex during a woman's period.	___	___	___
24.	Masturbation is a normal part of growing up.	___	___	___
25.	Fantasies (day dreams) are a natural part of being sexual.	___	___	___
26.	An erection (hard-on) in men is caused only by sexual feelings.	___	___	___
27.	Women are helpless and need a man to take care of them.	___	___	___
28.	Women worry more about their looks than men.	___	___	___
29.	Women should enjoy keeping house and caring for children.	___	___	___
30.	A woman can decide by herself whether or not to have an abortion.	___	___	___
31.	Men enjoy sex more than women.	___	___	___
32.	Guys who have big penises are more masculine.	___	___	___
33.	A woman must have an orgasm (climax) to become pregnant.	___	___	___
34.	It is possible for a person to have sex and not enjoy it.	___	___	___
35.	Girls with big breasts are more feminine.	___	___	___

		True	False	Don't Know
36.	If a girl doesn't have a hymen (cherry) she is not a virgin.	___	___	___
37.	Douching is necessary for personal cleanliness.	___	___	___
38.	It is healthier for a woman to have her first baby after she is 18.	___	___	___
39.	Sperm can live in the woman's body for more than one day.	___	___	___
40.	The rhythm method of family planning is effective if it is done under a doctor's supervision.	___	___	___
41.	Contraceptive foam would be safer if it were used in combination with the condom (rubber).	___	___	___
42.	The law in California states that adolescents under the age of 16 must have parental permission before they can be treated for venereal disease.	___	___	___
43.	The vagina is the place where the baby grows when a woman is pregnant.	___	___	___
44.	If an egg and sperm join, the egg has been fertilized.	___	___	___
45.	Sperm are produced in the ovary.	___	___	___
46.	A wet dream is a natural way for a young man to release sperm and sexual energy.	___	___	___
47.	Withdrawal (pull out) is an effective method to prevent pregnancy.	___	___	___
48.	After the symptoms of syphilis or gonorrhea (clap) have gone away, you cannot infect others.	___	___	___
49.	A woman can get pregnant the first time she has sexual intercourse.	___	___	___
50.	It is important for a woman to have a physical check up, including a pelvic exam, once a year.	___	___	___

DAY 2

1. Review, if necessary.

2. Discussion - sex is all around us, advertising, music, etc. (we use magazine cut outs as visuals).

3. Read and answer questions from question box (students will generally respond with their own ideas).

4. Discussion - why do we have problems talking about sex? What are the words we use to talk about our bodies? . . . street words versus book words . . . why do we have so many words for the body? (fear of using correct terms . . . easier to use made up words).

   Relate to students that during this course you will be using book terms . . . street terminology is continually changing.

   *optional activity - use sheets of paper tacked on wall with "book" terms at top - as students call out "street" terms write them under the book term.

INTERCOURSE - COITUS	PENIS	VAGINA

   (The use of this optional activity makes no difference in the post-test scores; it can serve to break-down social barriers between student and staff).

5. Using the ***Methods, Contraception Flip Chart*** explain the different parts of the genital organs - the male member of our teaching team discusses the female anatomy, the female member the male.

6. Handout male and female anatomy drawings and have students fill in the names and their functions.

7. As an additional exercise, use the anatomy check list - students check which parts belong to the female or male body.

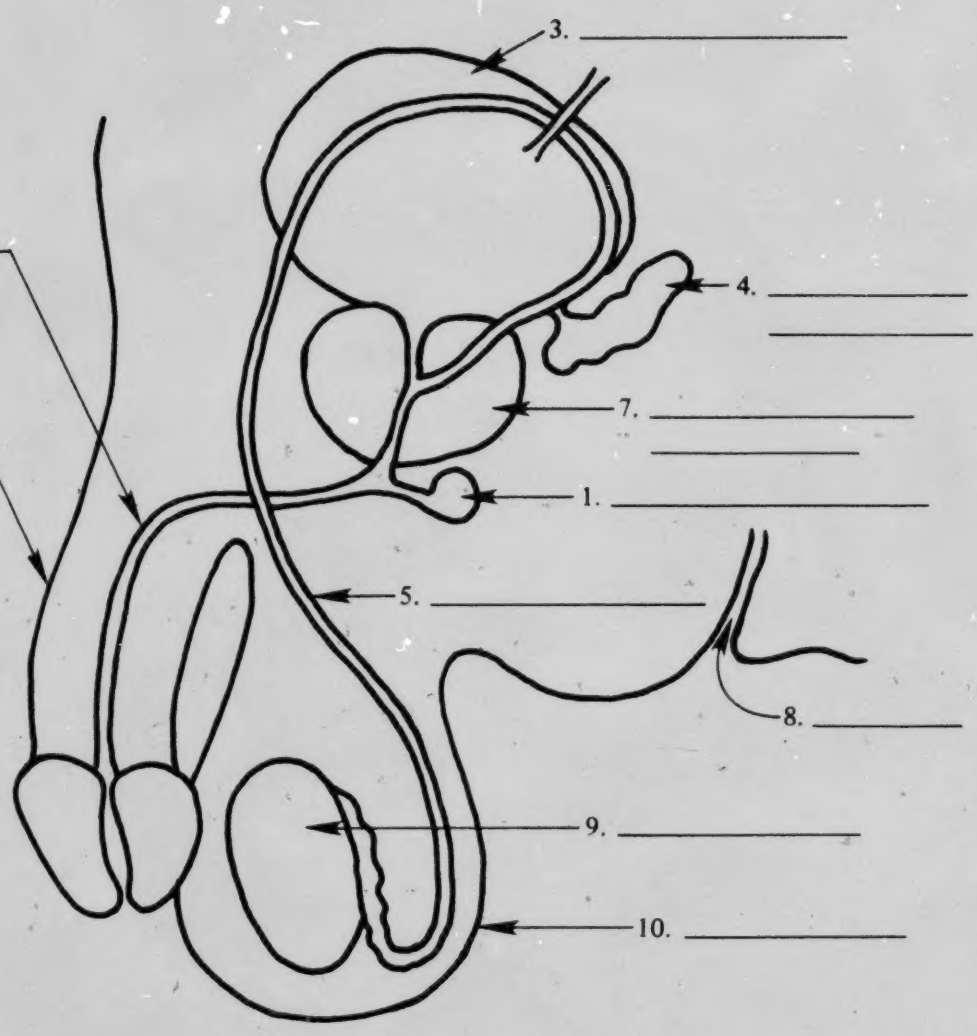
8. Students write questions for question box.

9. Summation and introduction of Day 3 activities.

Day 2: Materials List

Magazine advertising, record covers
Questions from question box
Large sheets of paper - book terms (optional activity)
Methods, Contraception Flip Chart
Handout - male, female anatomy drawings
Handout - anatomy checklist
3" x 5" cards

MALE GENITAL ORGANS



1. Cowper gland
2. Urethra
3. Bladder
4. Seminal Vesicle
5. Vas Deferens
6. Penis
7. Prostate gland
8. Anus
9. Testes
10. Scrotum

Directions:

Write the parts of the male anatomy beside the correct number, and then describe the function of each organ below and on the back of this page:

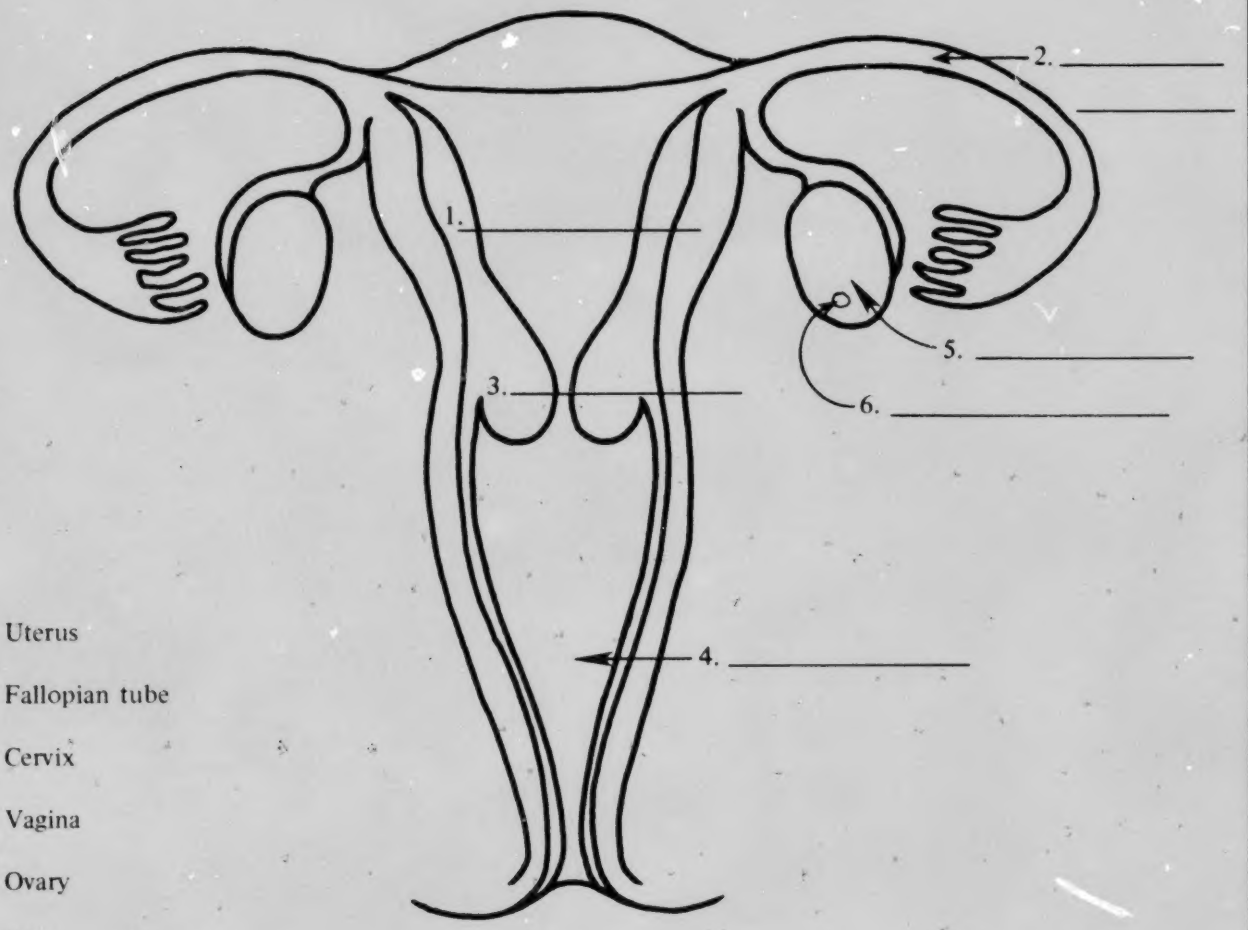
1.

2.

3.

4.

FEMALE GENITAL ORGANS



1. Uterus
2. Fallopian tube
3. Cervix
4. Vagina
5. Ovary
6. Egg

Directions:

Write the parts of the female anatomy beside the correct number, and then describe the function of each organ below:

1.

2.

3.

4.

5.

6.

MALE-FEMALE ANATOMY AND PHYSIOLOGY

For each word listed, decide if it applies to males only, to females only, or to both males and females. Put a check in the appropriate column.

	MALE	FEMALE	BOTH
1. Fallopian Tube			
2. Clitoris			
3. Ovulation			
4. Testes			
5. Rectum			
6. Penis			
7. Vas deferens			
8. Anus			
9. Masturbation			
10. Orgasm			
11. Hormones			
12. Semen			
13. Uterus			
14. Menstruation			
15. Cervix			
16. Urethra			
17. Scrotum			
18. Ejaculation			
19. Bladder			
20. Vagina			
21. Hymen			
22. Erection			
23. Labia			
24. Sperm			
25. Ovaries			

19 MYTHS ABOUT SEX FROM FILM, *"ABOUT SEX"*

1. Douching is a method of contraception.
2. Sperm stay alive in a woman's body for only 24 hours.
3. Masturbation can hurt you.
4. Masturbation is normal for boys but not for girls.
5. Homosexuality is bad.
6. You can get VD from dirty objects or dirty people.
7. The symptoms of gonorrhea and syphilis are the same.
8. Contraceptives are the responsibility of the female.
9. Males can't do anything to control conception.
10. Abortion can hurt you.
11. It is immoral to have sex when you're not married.
12. Aphrodisiacs can turn you on sexually.
13. Having sex during your period can hurt you.
14. You can't get pregnant if you have sex during your period.
15. Parents don't have sex. They're too old.
16. Big breasts or a big penis make you more sexy.
17. You lose your desire and ability to have sex when you get old.
18. Birth control pills mess up your body.
19. Men need sex more than women.

DAY 3

1. Review anatomy.

2. Answer questions from Question Box.

3. Introduction of film . . . ***About Sex*** . . . forewarn students about explicit scenes, nude dancer, intercourse and fantasy nude . . . make sure they are prepared for the film.

   Pose the question, "The kids in this film had some questions about sex, you may have so ne as well".

4. Show film . . . ***About Sex*** (24 minutes)

5. Discussion -
   a) students' reaction to film.
   b) why certain individuals in film acted as they did.
   c) 19 myths clarified in the film.

   * **Note**: It is important that students have questions answered and feel comfortable about the film before ending the class (class period may run overtime).

6. Student questions for question box.

7. Summation and introduction of Day 4 activities.

Day 3: Materials List

Questions from question box
film, ***About Sex***
screen and projector
list of 19 myths
3" x 5" cards

DAY 4

(I use cartoon drawings of contraception pinned on wall to set stage . . . these drawings are reproduced in smaller form and included in today's material.)

1. Review.

2. Answer questions from question box.

3. Overview of material to be covered . . . intercourse and contraception.

4. Distribute - ***Protect Yourself From Being an Unwanted Parent*** . . . give students time to look at, read (this is in comic book form and is fun!)

5. Discussion - "How do you flunk a pregnancy test?" "Why do people use contraception . . . why don't they?" "What is the best way to get pregnant?"

6. Using ***Methods, Contraception Flip Chart*** discuss ovulation and sperm travel.

7. Pass around contraceptive kit and condom chart . . . encourage students to handle diaphragm, feel foam . . . show students how condom is applied - using two fingers on your hand. (From past experience may I recommend using only non-lubricated condoms for demonstration purposes). Discuss . . . cost of each, where purchased, with or without doctor's prescription, vaginal foams and cleansers are ***not*** birth control methods.

8. Refer to ***Methods, Contraception Flip Chart*** to show how each contraception method is used or placed.

9. Ask for questions - discuss (may get questions concerning male and female response during intercourse - incest and homosexuality may come up at this time).

   Discussion should have covered:

   a) contraceptive techniques.
   b) pelvic exams . . . show speculum and how it is used.
   c) pregnancy testing . . . how soon, how done, what shown?
   d) morning after pill - for emergencies.
   e) rape.

10. Questions for question box.

11. Summation . . . ask, "How many methods of birth control are there and what are they?"

12. Introduction to Day 5 activities.

Day 4: Materials List

cartoon drawings for wall
questions from the question box
pamphlet, ***Protect Yourself From Being an Unwanted Parent***
Methods, Contraception Flip Chart
contraceptive kit
condom chart
speculum
3" x 5" cards

[Handout - Normal Menstrual Cycle
" - Pelvic Exams
" - Pregnancy Testing
" - Two on Rape] **optional**

VISUALS

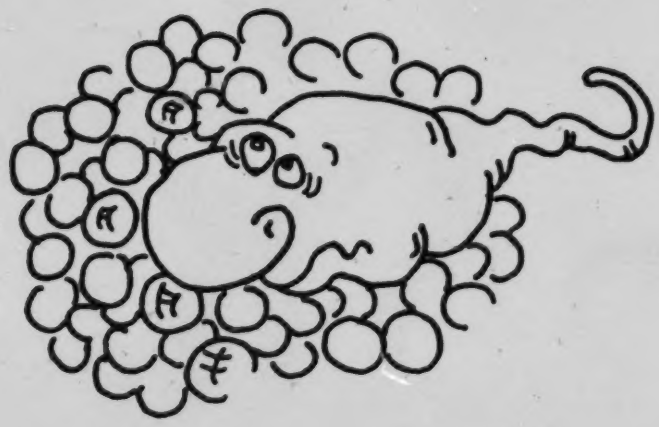
These drawings were enlarged and used as posters.

Condoms

The Diaphragm

Withdrawal

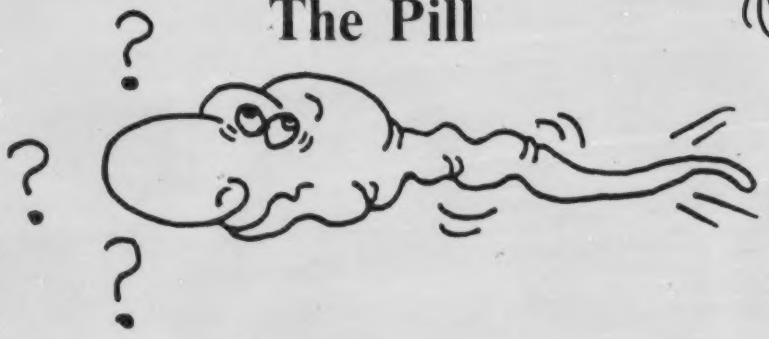
Foam



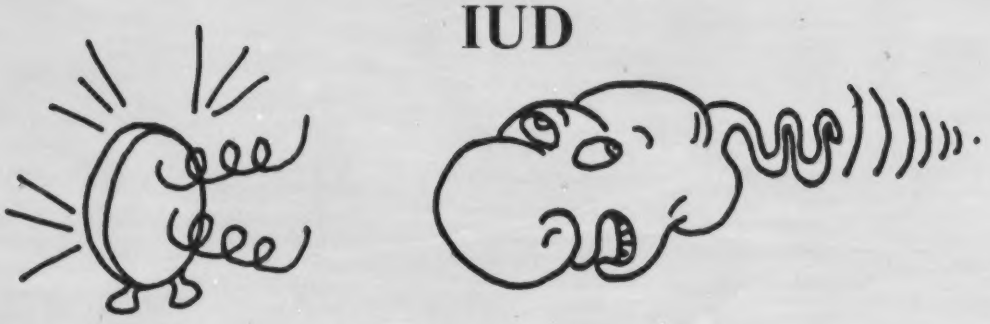
Rhythm

Abstinence

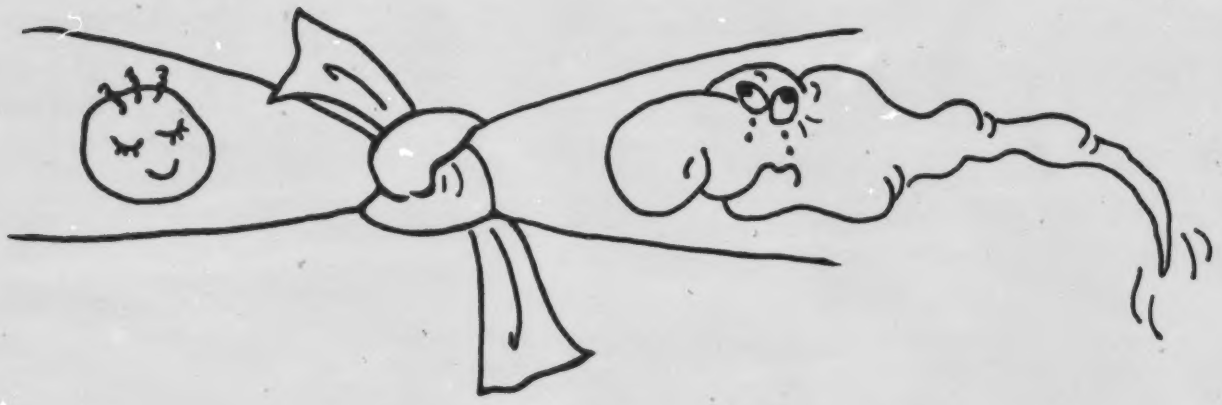
The Pill



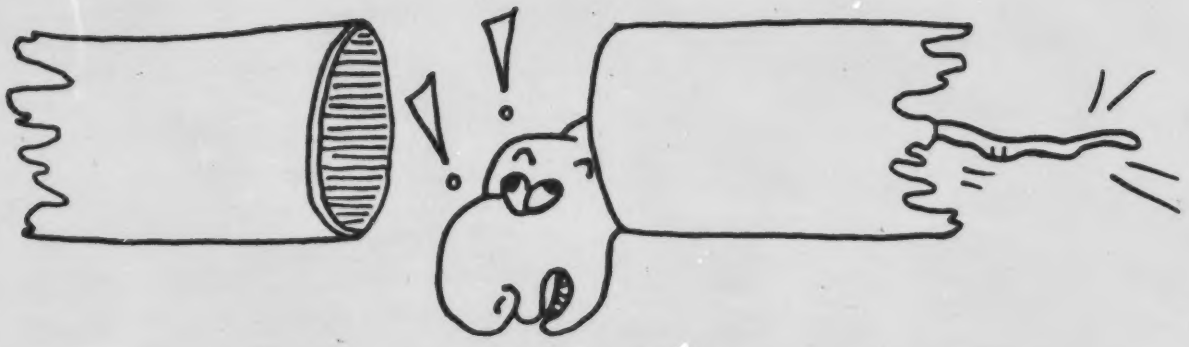
IUD



Tubal Ligation



Vasectomy



NORMAL MENSTRUAL CYCLE

DAY 1. Menstrual period begins.

DAY 5. An egg in a follicle pocket, (sac) in one of your ovaries starts to ripen. The egg starts developing in response to a hormonal message (FSH) from your pituitary gland, which in turn has been triggered by the low level of estrogen (an ovarian hormone) at the time of your period.

DAYS 4-14.

The follicle in which the egg is developing makes first a little, then more and more estrogen:

1. Estrogen stimulates the lining of your uterus to get thicker in preparation for pregnancy.
2. As estrogen increases, it slows down and then cuts off FSH, the pituitary gland's message for an egg to develop (to avoid having more than one menstrual cycle at a time).

DAY 14. Ovulation: Estrogen reaches a high enough level to cut off the pituitary's egg development hormone (FSH) and to stimulate a hormone which triggers egg release (LH). Ripe egg bursts from ovary, starts 6½-day trip down fallopian tube to uterus. Fertilization by sperm from the man must occur in the first 24 hours.

DAYS 14-26.

The burst follicle now makes two hormones for about 12 days. Estrogen continues. Progesterone, which reaches a peak about day 20:

1. Makes plug of mucus in your cervix get thick and dry, a barrier to sperm, and
2. Stimulates the lining of your uterus to get very thick and to secrete a sugary substance which will feed a fertilized egg if pregnancy occurred this month.

DAYS 26, 27, 28.

If pregnancy did not occur, ovary's manufacture of estrogen and progesterone slows down to very low level. The lining of your uterus, which needs the stimulation and support of these hormones, starts to disintegrate.

DAY 29-DAY 1.

Menstrual period begins. Low level of pituitary's egg development hormone (FSH) to start a new cycle.

The Joy of Birth Control, by Stephanie Mills, 1975 (out of print)

THE PELVIC EXAMINATION

The reason for a pelvic examination is to check your reproductive parts for evidence of disease, to collect specimens for laboratory analysis, and to determine whether all your equipment is in the right place and functioning well.

During the pelvic, you lie on an examination table with your feet up in stirrups and your legs spread apart. Needless to say, you can't see to much of what's going on in that position. If you are interested in watching, ask the nurse or aide to hold a mirror for you so that you can watch your examination.

The doctor will check the external parts first. This is mainly a visual check for signs of disease such as sores, critters, inflammation, and discharge. (If you're having a problem with a discharge or itching be sure to tell the doctor about it at the time of the exam. Don't douche for about 48 hours before the exam. Clean vaginas don't make for reliable diagnosis).

A pelvic shouldn't be especially painful unless you're tender from infection or injury. If your's hurts, tell the doctor (or nurse-practitioner).

After checking your outer sanctum, the doctor will insert an instrument called a speculum into the vagina. It holds the vaginal walls apart so the doctor can see the interior of the vagina and cervix (the entrance to the uterus). With the speculum in place the doctor looks for discharge or other signs of trouble. Then he/she collects samples for lab analysis-usually a check for gonorrhea on each visit, and once a year for a Pap smear to detect abnormal cells. Then the doctor removes the speculum. Some clinics use plastic speculums and might let you have the one used to examine you so you can check yourself periodically. **DO** keep it clean.

The doctor then puts two gloved fingers into your vagina and the other hand on your belly. A combination of pressing and poking and wiggling helps the doctor feel the size and shape of your uterus and other pelvic structures between the two hands. This is how he/she detects any abnormal pelvic masses, pregnancy or the tenderness that may indicate infection. The doctor may include a rectal examination as part of the pelvic. One finger of the gloved hand goes in the rectum and one in the vagina. The doctor then checks to see if the muscular wall between the rectum and the vagina is sound, and checks for deep pelvic masses or tenderness.

A pelvic exam should include a breast check. (Of course, you are your own best breast examiner. You should do it once a month. It gets easy after a few times as you begin to learn what your own breast tissue feels like.)

Have a pelvic once a year whether or not you have any problems: It's basic preventative health care.

The Joy of Birth Control, by Stephanie Mills, 1975 (out of print)

PREGNANCY TESTING

The object is to determine whether there are traces of a pregnancy hormone (human chorionic gonadotropin or HCG produced by the placenta which is nourishing the fertilized egg) in your urine. It's a simple matter of seeing if a drop of your urine clumps with a test chemical. Rabbits are no longer used for this purpose.

Manufacturers of pregnancy testing kits usually say that test results will be reliable 42 or 43 days after the first day of the last normal menstrual period. That means if you menstruate fairly regularly every four weeks, for example, your period must be two weeks late for a pregnancy test to be accurate. Although some clinics will do tests when your period is just one week late, count about six weeks from the first day of your last period. **THEN** get a pregnancy test.

Most doctors and clinics like to do a pelvic examination to confirm the urine test results. The uterus starts getting larger and softer very early in a pregnancy, and the doctor can usually detect this without too much trouble.

FALSE NEGATIVE

Pregnancy tests will occasionally show that you aren't pregnant when in fact you are. Errors like this are most often caused by:

Performing the test incorrectly.
Having the test done too early in the pregnancy.
Testing urine that's too weak.
Testing urine that's been stored at room temperature too long.
Having the test done too late in pregnancy–at four or five months tests may be negative even though you're very pregnant.
Ectopic pregnancy–pregnancy outside the uterus, usually in the tube–may also give a negative result.

FALSE POSITIVE

On the other hand, pregnancy tests occasionally show that you are pregnant when you really aren't. Errors like this are caused by:

Diseases that affect the urine.
Diseases of the tubes, uterus, or ovaries.
Using drugs like methadone, marijuana, thorazine, aspirin in large doses, and others.
Report any drug you've been using when you go for a pregnancy test.
Performing the test incorrectly.

There are other signs and symptoms of early pregnancy besides a missed period. You may have nausea, especially in the morning, sore breasts, fatigue, increased or decreased appetite, or frequent urination. If your periods are irregular, these other signs may tip you off before a missed period does. Get a test. If you get a negative result but still feel pregnant, get another test a week later.

The Joy of Birth Control, by Stephanie Mills, 1975 (out of print)

RAPE

HOW TO AVOID IT

Light the entrances to your home well.

Install locks on all windows and doors.

If you're living alone, don't use your full name on the mailbox or in the phone book.

Find out who's at the door before opening it.

Don't be a passive victim - when you walk alone, don't act fearful.

Keep your hands free to resist an attack.

Don't hobble yourself with clothes or shoes that make escape difficult.

Get a sense of what situations might be dangerous-dark parks, groups of men on the street-and avoid them.

If you think someone is following you, check it out. If your suspicions are confirmed, quickly head for lighted places. Yell ***FIRE*** loudly. People react to that faster than they do a cry for help.

Check your car before getting in.

Don't be afraid to hurt someone who is hurting you.

Don't reach out to hit an attacker - he can grab your hands and shove you down.

Poke and kick - go for his eyes, throat, stomach, groin, knees and shins. Yell and scream while you do.

Just keep fighting long enough to get away to a safe place.

Don't carry a weapon unless you really know how to use it well-often as not, an attacker can use it against you.

Don't try to resist an armed man unless you're extremely good at self defense.

For more information on rape and how not to be victimized, contact your community's rape crisis center or write:

Rape Crisis Center
P. O. Box 21005
Washington, D.C. 20009

The Joy of Birth Control, by Stephanie Mills, 1975 (out of print)

RAPE

Rape is an assault on your whole being. Here are some thoughts on just one aspect of rape - the kind of medical attention you'll need if you are raped.

Act quickly. Have yourself examined by a doctor as soon as you can.

A hospital is likely to be better equipped to care for rape victims than a private doctor.

Don't bathe or douche or change clothes. Take a change of clothes with you or have someone bring clothing for you.

You'll need a pelvic exam - it's the last thing you'll want after being raped, but it is important. You need to make sure you aren't injured, and you need to be tested and/or treated for any infection you may have been exposed to. Your vagina will be checked for the presence of semen because the physician's report of your pelvic exam will be an important document if you prosecute your attacker. The doctor's statement that sperm are indeed present in your vagina doesn't guarantee conviction, but it is an important piece of evidence.

Many hospitals routinely give rape victims penicillin or another antibiotic to fight gonorrhea or other infections. One week after the attack get a blood test for gonorrhea. Six weeks after, get a blood test for syphilis.

You need to consider the possibility of pregnancy if you are raped at any point in your cycle except during your period or unless you have an IUD or are taking pills on schedule. Your chances of getting pregnant from a single act of unprotected intercourse are about one in 25.

DES - a drug to prevent pregnancy - is routinely offered to rape victims in many places. Women who take DES should know that cancer of the vagina has been found in the daughters of a small number of women who took the drug during pregnancy. So - if you take DES and still get pregnant, you should strongly consider having an abortion.

Don't take DES without having a pelvic exam and a breast exam. The drug often causes nausea, and it won't do you nay good if it doesn't stay down. Ask for a prescription for an anti-nausea pill to take along with the DES if it isn't prescribed routinely.

Go for a follow-up exam in two weeks, or sooner if you have problems. A family planning clinic might be a good place to go for a checkup.

Many cities now have Rape Crisis Centers. Find the one nearest you for help and for answers to questions on all aspects of rape.

The Joy of Birth Control, by Stephanie Mills, 1975 (out of print)

DAY 5

1. Review . . . .

   *option, can use test on contraception.

2. Answer questions from question box.

3. Discussion - trigger discussion with questions . . . . "Is it the responsibility of the woman to use contraception?", "What is the best age to have a baby?"

   *optional activities: (triggers values clarification)

   A. role playing . . . mother, father, pregnant teenager, her boyfriend, older married sister, friends, etc.

   B. "Alligator River Story" . . . . students read and discuss - of all the characters in the story who is the best, the worst and why?

4. Questions for question box.

5. Summation and introduction of Day 6 activities.

6. Test on anatomy . . . . use the male and female anatomy drawing and anatomy checklist from Day 2. (Remind students that this is only to help them remember and that grading is on a plus or minus basis).

Day 5: Materials List

True/False questionnaire (Contraception)
Questions from the question box
*optional - copies of ***"Alligator River Story"***
3" x 5" cards
Male/female anatomy drawings
Anatomy check list

TRUE–FALSE QUESTIONNAIRE (CONTRACEPTION)

Please circle your answer.

		TRUE (T)	FALSE (F)
1.	The time of the menstrual cycle when most women are likely to conceive is right in the middle.	T	F
2.	The rhythm method of family planning is effective if it is done under a doctor's supervision.	T	F
3.	The pill is 100% reliable in preventing pregnancy.	T	F
4.	A mother who is still nursing her baby cannot become pregnant.	T	F
5.	It is necessary for a woman to have a climax in order to get pregnant.	T	F
6.	Douching is important for personal hygiene.	T	F
7.	All reliable methods of contraception require a doctor's prescription.	T	F
8.	If you use a diaphragm properly it's as safe as taking the pill.	T	F
9.	Contraceptive foam would be safer if it were used in combination with douching.	T	F
10.	Unless the male ejaculates, pregnancy cannot occur.	T	F
11.	If a couple avoids intercourse during the middle week of the menstrual cycle pregnancy will never occur.	T	F
12.	Women do not usually know exactly when they ovulate.	T	F
13.	The IUD is less subject to human error than the pill.	T	F

*THE ALLIGATOR RIVER STORY

Abigail and Abner are very much in love with each other. They each live on a different side of a river filled with ferocious alligators; however, a beautiful little bridge over the river allows them to make frequent trips to visit each other. One day a storm washes the bridge away. The lovers are very upset since there is no way they can meet. Abigail stands on the bank of the river every day waiting for some miracle. One day, Sinbad, a sailor, comes sailing down the river. Abigail calls to him and asks him to take her across the river to see Abner. Sinbad is very happy with the idea and says, "Of course I'll take you across the river, but under one condition. You'll have to sleep with me first."

Abigail breaks into tears. She has never been involved sexually with anyone. She decides to get some advice from a friend named Ivan. Ivan is so cool about it all. He folds his arms and says to her; "That's your decision. I don't want to get involved."

With Ivan's answer, which seems cold to her, Abigail thinks and thinks about her problem and finally decides to sleep with Sinbad. When Abigail finally sees Abner the next day, she tells him the whole story and how she hassled with the problem. Abner is so furious with what Abigail has done that he tells her to go away and never to come back again. She clings to him - crying and pleading, but Abner will have nothing to do with her.

So, Abigail visits another friend named Slug. After telling him the story, Slug decides to go see Abner. He really works Abner over . . . . After all, why should a fellow like Abner mistreat a nice little girl like Abigail?

*(Adapted from **Values Clarification** by Simon, Howe, & Kuchenbaum)

DAY 6

1. Review, if necessary.
2. Answer questions from question box.
3. Discussion - "What are some other problems besides pregnancy when you are sexually active?", "What are the sexually transmitted diseases and what are their effects?"
4. Distribute and allow time for reading ***V. D. Clap Trap*** comic, discuss material . . . . V. D. myths vs. factual information.
5. Conduct gonorrhea contact activity with students (directions for activity are at end of Day 6 schedule).
6. Introduce and show filmstrip No. 1 of the ***Attack Plan*** series.
7. Discuss and pose questions from the filmstrip:
   a) can you really trust your partner?
   b) what are the chances of getting V. D. if you have many sexual partners?
   c) what is a "dishonorable discharge?"
   d) feminine hygiene - douches, etc. (these are not birth and V. D. control agents).
   e) male hygiene - circumcision and cleanliness (condom as a control agent).
   f) talk about scabies, lice, crabs.
8. Hand out, ***Facts You Should Know About V. D.*** (free pamphlet).
9. Student questions for question box.
10. Summation and introduction to Day 7 activities.

Day 6: Materials List

Questions for question box
Pamphlets, ***V. D. Clap Trap***
Gonorrhea Contact cards
Attack Plan filmstrip kit
Filmstrip projector
Screen
Pamphlet, ***Facts You Should Know About V. D.***
3" x 5" cards

GONORRHEA CONTACT ACTIVITY

Note: It is important that no indication is given to the students as to the purpose of these cards.

Before the 3" x 5" cards are distributed, the teacher places a small "x" in pencil on one of the cards. The cards are given to the students and they are instructed to divide the card in half with a pencil and place A on the left side of the line and B on the right.

Students are then asked to circulate and have three people sign under the A column and three people sign under the B column. When completed, ask who has the "x" on the back of their card. Write this student's name on the chalkboard. Explain that this person has gonorrhea. All students who have this student's name on their card in column A have had contact and their names are placed on the board. Then ask how many students have any of these names that are on the board in column B. Place these additional names on the board. See illustrations:

Card "X"	Column A	Column B
Student No. 1	Student No. 2	Student No. 6
	Student No. 3	Student No. 7
	Student No. 4	Student No. 8
	Student No. 5	Student No. 9
		Student No. 10
		Student No. 11
		Student No. 12

(This is an excellent activity to illustrate how venereal disease travels and multiplies.)

DAY 7

1. Show and discuss remaining two filmstrips from the ***Attack Plan*** kit.
2. Review. *Option, use "True/False Questionnaire - V. D."
3. Answer questions from question box.
4. Discussion - What do people use sex for?
   a) communication
   b) power . . . . pimps, homosexuals in prison
   c) aggression . . . . rape, sadism
   d) self-expression
   e) keeping family together
   f) reproduction
   g) recreation
   h) earn money . . . . prostitution, pandering
5. *Optional activity. Write (or vocalize) endings to sentences:
   a) V. D. can . . . . . .
   b) Abortion will . . . . . .
   c) Pregnancy is . . . . . .

   Discuss the results.
6. *Optional activity. Students write down or discuss answer to the question:

   "What is love?"
7. Student questions for question box.
8. Summation and introduction to Day 8 activities.

Day 7: Materials List

Questions from question box.
True/False Questionnaire - V. D.
3" x 5" cards

TRUE–FALSE QUESTIONNAIRE - VENEREAL DISEASE

Please circle your answer.

	TRUE (T)	FALSE (F)
1. The signs of syphilis will go away even if a person does not have adequate treatment.	T	F
2. The symptoms of syphilis are painful for both males and females.	T	F
3. A blood test can be used to diagnose both gonorrhea and syphilis.	T	F
4. A male may have gonorrhea and not show any signs.	T	F
5. Syphilis is the most advanced form of gonorrhea.	T	F
6. The law in California states that adolescents under the age of 16 must have parental permission before they can be treated for venereal disease.	T	F
7. Although penicillin is effective in isolating the syphilis organism, a person can never be completely cured of the disease.	T	F
8. The symptoms of gonorrhea are painless in the male.	T	F
9. A rubber is helpful in preventing gonorrhea.	T	F
10. Gonorrhea can cause sterility in males and females.	T	F
11. After the symptoms of syphilis or gonorrhea have gone away, you cannot infect others, even if you have not received treatment.	T	F
12. If a pregnant woman is infected with syphilis, she can pass the disease to her unborn child if she does not receive treatment soon enough.	T	F
13. There are no preventative measures a female can take to help from contracting venereal disease.	T	F

DAY 8

1. Review

2. Answer questions from question box.

3. *Optional activity. Distribute the five Ortho models . . . . explaining different positions of birth, allow students to pass these around and handle them.

4. Introduce the film. Make introduction extensive so that students will be aware of the impact. (Relate that film is produced in Sweden so some techniques of prenatal care and delivery vary from those in the U. S.)

   Keypoints:

   a) young couple in mid-twenties
   b) conception to birth
   c) visual information on development of human embryo and fetus
   d) actual delivery of baby and after-birth
   e) medical attention during pregnancy
   f) emotional bond between parents as they prepare for birth

5. Show film, ***Child Is Born*** (34 minutes).

6. Discussion of the film - answer as many questions as time allows.

7. Student questions for question box.

8. Summation and introduction of Day 9 activities.

Day 8: Materials List

Questions from question box
Film, ***Child Is Born***
Projector, screen
3" x 5" cards
Ortho models

DAY 9

1. Review, if necessary.

2. Answer questions from question box.

3. Discussion. Choices when you are pregnant and the problems involved in each:

   a) abortion
   b) keep the baby
   c) adopt the baby out

   Risk of early pregnancy to mother and child

   *Optional activity

4. Use ambiguous questionnaires (there are three) and discuss answers. This is a good time for values clarification.

5. Student questions for question box.

6. Summation and introduction to Day 10 activities.

Day 9: Materials List

Questions from question box
*Optional: three ambiguous questionnaires
3" x 5" cards

AMBIGUOUS QUESTIONNAIRE I

	Agree	Disagree
1. An adolescent male who uses drugs as a sexual turn-on often has fears of impotence or inability to perform adequately.		
2. Men who have extramarital affairs have sexual problems in their marriage.		
3. Strict suppression of pornography would lead to a decrease in rape and other sex crimes.		
4. In most rape situations, the woman sets herself up by the way she dresses and behaves.		
5. It would be detrimental to a child's development if the mother worked and the father stayed home.		
6. Males should be prevented by law from appearing on the streets dressed as females.		
7. Incest is not harmful to a child if the family does not make a fuss about it.		
8. Females should be given contraceptives when they start to menstruate so that sexual activity is separate from getting pregnant.		
9. An unwanted child is more likely to be abused than one that is planned.		
10. A person who chooses a homosexual life-style should not be permitted to work with adolescents.		

AMBIGUOUS QUESTIONNAIRE II

	Agree	Disagree
1. First of all, sex is for fun.		
2. People who think too much about sex are immature.		
3. There should be no sex without love.		
4. Everyone ought to be free to do what he wants sexually.		
5. Many people place too much emphasis on sex.		
6. Sex, like food, is more enjoyable when you have variety.		
7. People who have sex with too many people end up by cheating themselves.		
8. Most homosexuals are mentally disturbed.		
9. There is an element of homosexuality in all of us..		
10. When it comes to sex, there is a great difference between what most people do and what they would like to do.		
11. Young people today have a healthier attitude toward sex than their parents.		

AMBIGUOUS QUESTIONNAIRE III

	Agree	Disagree
1. Women are helpless and need a man to take care of them.		
2. Women worry more about their looks than men.		
3. Men are more intelligent than women.		
4. Women enjoy keeping house and caring for children.		
5. A woman should decide for herself whether or not to have an abortion.		
6. Husbands or boyfriends should help with the housework.		
7. A woman should not work if she has children.		
8. Women are more emotional than men.		
9. There is no such thing as rape.		
10. Women's Liberation is a good thing.		
11. When people marry they belong to each other.		
12. Men enjoy sex more than women.		
13. Couples should be legally married before they have children.		
14. A woman should dress to please her man.		
15. There is such a thing as a woman's job or a man's job.		

DAY 10

Note: This is a nice time to serve refreshments again.

1. Review, if necessary.
2. "Wrap-up" discussion and answer any left-over questions both by group and in question box.
3. Post-test . . . . have students again correct own papers (we give students the percentage increase between their pre and post-test).
4. Student evaluation and suggestion for program change. (I have included a tally of student responses, following this form.)
5. Give students any materials available that they may have, including ***The Handbook***, (outside agencies available to troubled teenagers).
6. Finalization and goodbyes.

Day 10: Materials List

Questions from question box
Post-tests
Evaluation forms
The Handbook
Free brochures

HUMAN AWARENESS - POST TEST

NAME _____

SCORE _____

		TRUE	FALSE	DON'T KNOW
1.	Using a rubber may prevent clap.	____	____	____
2.	Early signs of syphilis show more in females than in males.	____	____	____
3.	A girl may have gonorrhea (clap) and not show any signs.	____	____	____
4.	Birth control methods that work need a doctor's prescription.	____	____	____
5.	Women do not usually know when they ovulate (release an egg).	____	____	____
6.	Douching is necessary for personal cleanliness.	____	____	____
7.	Contraceptive foam would be safer if used in combination with the condom (rubber).	____	____	____
8.	If an egg and sperm join, the egg has been fertilized.	____	____	____
9.	Withdrawal (pull out) is an effective method to prevent pregnancy.	____	____	____
10.	A woman can get pregnant the first time she has sexual intercourse.	____	____	____
11.	The IUD is more effective than the pill.	____	____	____
12.	You can tell homosexuals by the way they act and dress.	____	____	____
13.	Erections (hard-ons) in men are caused only by sexual feelings.	____	____	____
14.	A woman can decide by herself whether or not to have an abortion.	____	____	____
15.	It is possible for a person to have sex and not enjoy it.	____	____	____

	TRUE	FALSE	DON'T KNOW
16. The signs of syphilis will go away if a person does not have treatment.	____	____	____
17. The time of the menstrual cycle when most women are likely to conceive (get pregnant) is right in the middle.	____	____	____
18. The symptoms of syphilis are painful for both males and females.	____	____	____
19. Unless the male ejaculates (comes) inside the woman, she cannot get pregnant.	____	____	____
20. Gonorrhea (clap) can keep a woman or man from having a baby.	____	____	____
21. If a pregnant woman is infected with syphilis, she can pass the disease to her unborn child if she does not receive treatment soon enough.	____	____	____
22. Being cured of V. D. once means you can't get it again.	____	____	____
23. A mother who is nursing her baby cannot become pregnant.	____	____	____
24. If a girl doesn't have a hymen (cherry), she is not a virgin.	____	____	____
25. Women are helpless and need a man to take care of them.	____	____	____
26. Taking birth control pills can't hurt you.	____	____	____
27. It is not harmful to have sex during a woman's period.	____	____	____
28. When you first start using birth control pills, you are protected against pregnancy right away.	____	____	____
29. Girls with big breasts are more feminine.	____	____	____
30. The IUD **must** be put in by a doctor.	____	____	____
31. It is healthier for a woman to have her first baby after she is 18.	____	____	____
32. A wet dream is a natural way for a young man to release sperm and sexual energy.	____	____	____
33. The vagina is the place where the baby grows when a woman is pregnant.	____	____	____

	TRUE	FALSE	DON'T KNOW
34. It is important for a woman to have a physical check up, including a pelvic exam, once a year.	____	____	____
35. Sperm can live in the woman's body for more than one day.	____	____	____
36. Sperm are produced in the ovary.	____	____	____
37. After the symptoms of syphilis or gonorrhea (clap) have gone away, you cannot infect others.	____	____	____
38. The law in California states that adolescents under the age of 16 must have parental permission before they can be treated for venereal disease.	____	____	____
39. There are no preventative measures a female can take to keep from getting V. D.	____	____	____
40. The rhythm method of family planning is effective if it is done under a doctor's supervision.	____	____	____
41. You can get syphilis from a dirty toilet seat.	____	____	____
42. Anyone can buy a condom (rubber) in any drugstore.	____	____	____
43. Women worry more about their looks than men.	____	____	____
44. A woman must have an orgasm (climax) to become pregnant.	____	____	____
45. Masturbation is a normal part of growing up.	____	____	____
46. Guys who have a big penis are more masculine.	____	____	____
47. Fantasies (day dreams) are a natural part of growing up.	____	____	____
48. Women should enjoy keeping house and caring for children.	____	____	____
49. Men enjoy sex more than women.	____	____	____
50. Syphilis is the most advanced form of gonorrhea (clap).	____	____	____

STUDENT EVALUATION FORM

We hope to improve, update and revise the Human Awareness class. You can help by answering the following questions as honestly as possible: (Please circle your answer)

1. How would you rate this class overall?

   Poor Fair Good Excellent Superior

2. Was the information presented during classes helpful?

   Yes No Sometimes

   If not why? _____

3. Did you feel comfortable about relating your feelings in a coed situation?

   Yes No Sometimes

   If not why? _____

4. Were the teachers helpful and considerate?

   Yes No Sometimes

   If not why? _____

5. Have your opinions or attitudes changed since taking this class?

   Yes No

6. If there were any areas of sex education that were not covered and should have been, what were they?

   a) _____

   b) _____

   c) _____

7. Do you have any suggestions for improving the class?

   a) _____

   b) _____

SCHOOL YEAR 1977-78

TOTAL STUDENT EVALUATION FORM

We hope to improve, update and revise the Human Awareness class. You can help by answering the following questions as honestly as possible:

1. How would you rate this class overall?

Poor	Fair	Good	Excellent	Superior
0	11%	34%	39%	16%

2. Was the information presented during classes helpful?

Yes	No	Sometimes
79%	0	21%

If not, why? _____

3. Did you feel comfortable about relating your feelings in a coed situation?

Yes	No	Sometimes
76%	4%	20%

If not, why? _____

4. Were the teachers helpful and considerate?

Yes	No	Sometimes
89%	0	11%

If not, why? _____

5. Have your opinions or attitude changed since taking this class?

Yes	No
79%	21%

6. If there were any areas of sex education that were not covered and should have been, what were they? (Number of student responses).

a) Homosexuality (1)
b) Rape (1)
c) Living Together (1)

7. Do you have any suggestions for improving the class?

a) More movies (7)
Longer period of time (more than two weeks) (10)
b) More time spent on anatomy (4)

HUMAN AWARENESS

(Elective School Program)

Teacher: Cliff Hodsdon

Other Teachers: Barbara Peter (P)
Caroline McDonald (M)
Joyce Morgan (J)

	DATES	INCREASE (Pre & Post Test)
1.	3/77	29% (P)
2.	6/77	21% (P)
3.	10/3/77 - 10/14/77	19% (J)
4.	10/17/78 - 10/28/77	42% (J)
5.	10/31/77 - 11/10/77	30% (M)
6.	11/28/77 - 12/9/77	42% (M)
7.	12/12/77 - 12/23/77	41% (M)
8.	1/9/78 - 1/20/78	33% (M)
9.	1/23/78 - 2/3/78	37% (M)
10.	2/6/78 - 2/17/78	26% (M)
11.	2/20/78 - 3/3/78	28% (M)
12.	4/3/78 - 4/14/78	30% (M)
13.	4/17/78 - 4/28/78	24% (M)
14.	5/1/78 - 5/12/78	34% (M)
15.	5/22/78 - 6/2/78	18% (M)
16.	6/5/78 - 6/16/78	39% (M)

Total Average Increase: 30.8%

HUMAN AWARENESS CLASS

Student Comments

1. I liked the class, thank you.
2. Do not change the class.
3. The class has helped me very much to understand the human anatomy, thanks.
4. The class was great.
5. It was an interesting class.
6. I think it was a terrific class.
7. You covered most everything.
8. It was an excellent class.
9. Overall, it's a good class and they just about covered everything that should have been.
10. Thought it was fine.
11. The class explained everything that I wanted to know.
12. You (teachers) have good ideas, but you need to improve your tactics.
13. Too much time on V. D.
14. More open discussion about sex.
15. Personal comments should be allowed.
16. More encouragement from the teachers.

Problem Areas

1. The necessity of signing parent permission slips a week before the class begins. Many students leave before the two week program is completed.
2. A continual problem is encountered with students being late for class. More effective communication is needed between school and probation staff to alleviate this concern.

GLOSSARY

The following terms should provide a basic vocabulary to assist in understanding human reproduction and other related areas of social health education.

abortion - "spontaneous abortion" (commonly called "miscarriage") is the accidental loss of an unborn child in the early stage of pregnancy. "induced abortion" is the intentional, premature termination of pregnancy.

abstinence (sexual) - voluntarily keeping away from sexual relations.

afterbirth - (see "placenta").

anus - opening for the elimination of waste from the intestinal tract.

artificial insemination - artificial transfer of semen from the male to the female vagina to achieve pregnancy; commonly done in the breeding of animals; rarely performed in humans.

bladder - organ where urine collects from the kidneys.

"blue" baby - child is born with a defect of the heart in which large amounts of unoxgenated blood cause a bluish color to the skin.

breech presentation - birth in which the baby emerges feet first.

Caesarean section - surgical delivery of the baby through an incision into the uterus, approached through the abdominal wall; performed for medical reasons.

cervix - lower end of the uterus which extends partly into the upper portion of the vagina. (Also called the "neck" of the uterus).

chromosomes - tiny particles in both the sperm and the ovum which contain the genes.

circumcision - removal of the foreskins of the penis, performed generally for religious or hygenic reasons.

climax - (see "orgasm").

coitus - Latin term for the sex act; sexual intercourse.

conception - beginning of pregnancy.

contraceptive - any device or substance used to prevent conception.

douche - stream of a hygienic fluid generally from a syringe, used to cleanse the vagina.

dysmenorrhea - painful or difficult menstruation.

ejaculation - discharge of the male sperm during the climax of intercourse.

embryo - child in uterus before third month.

endocrine glands - internal glands which secrete chemicals into the blood and affect body functions, development, and emotions.

erection - stiffening of the male sex organ under sexual excitement or from some irritation.

erotic - stimulating in a sexual way.

exhibitionist - one deriving sexual gratification from exposing the genitals to the opposite sex.

fallopian tubes - two tubes leading from the uterus to the ovaries; they act as passageways for the egg cell from the ovary to the uterus.

fertility - capacity for having children.

fetus - child in uterus from third month to birth.

fetishism - form of sexual perversion in which passion is aroused by an article of clothing or some part of another's body (other than sex organ).

foreskin - skin loosely covering tip of penis.

fornication - illicit sexual intercourse.

fridigity - condition preventing enjoyment of sexual intercourse; incapability of having an orgasm (most often a psychological problem).

genes - parts of the chromosomes which carry and pass on the traits of the parents.

genitals - the external sexual organs, male or female.

gynecologist - specialist in women's diseases, especially of the reproductive organs.

heterosexuality - attraction or desire for the opposite sex.

homosexuality - sexual attraction for persons of the same sex.

hormone (sex) - chemical substance produced by sex glands which is secreted into the bloodstream and stimulates other organs to activity such as development of secondary sex characteristics, etc.

hymen - thin membrane which partially covers entrance into the vagina **generally** ruptured during first intercourse but its absence is no proof of intercourse nor is its presence proof of virginity.

impotency - inability to perform the sex act satisfactorily (in reference, generally, to the male).

incest - sexual intercourse between related persons prohibited from marrying by law.

labia - outer and inner "lips" of the vulva.

lesbian - female homosexual.

leukhorrea - whitish vaginal discharge.

masochist - person who derives sexual pleasure from being beaten or otherwise mistreated.

masturbation - sexual gratification by manipulation of sexual organs ("auto-eroticism").

menopause - "change of life" in women, ovaries cease to be produced, cessation of menstruation, etc.

miscarriage - common term for spontaneous abortion.

monogamy - state of being married to one person only.

menstruation - female's monthly discharge of blood and tissue from uterus from puberty to menopause.

menstrual cycle - interval of time ordinarily counted from the first day of one menstrual period until the first day of the next period; 28 days for most females but can vary either way.

nocturnal emissions - "wet dreams," natural release of built-up sperm during sleep.

nymphomaniac - female with excessive sexual desire.

obstetrician - physician who specializes in care of women during pregnancy, child delivery, and post-delivery.

orgasm - culmination of, or highest intensity of, excitement during sexual intercourse.

ovaries - two glands which produce the female sex ("egg") cells.

ovum - the female egg cell for reproduction.

penis - male sex organ.

placenta - vascular structure by which the fetus is nourished within the uterus, expelled after the birth of the child; thus, commonly called the "afterbirth".

polygamy - condition of having more than one wife or husband.

pornography - writing or picturization (obscene) of sexual matters made illegal by law.

prostate - male gland which secretes a sticky, milky fluid necessary to the life and mobility of sperm cells.

prostitute - female who indulges in sexual intercourse for a fee.

rape - sexual intercourse by force.

sadist - one who derives sexual pleasure from abusing another, physically or otherwise.

sanitary napkin - a pad of absorbent material worn externally to absorb the menstrual flow.

satyriasis - excessive sexual desire on the part of the male.

scrotum -	bag which contains the male sex glands.
semen -	fluid which is discharged during ejaculation by the male.
sexual intercourse -	the sex act in humans; mating.
spermatozoa -	(sperm) male sex cells.
sterility -	inability in mature persons to reproduce.
statutory rape -	sexual intercourse involving adult male and consenting minor female as defined by the statutes (laws) of the state.
tampon -	small cylinder of absorbent material used ***internally*** to absorb the menstrual flow.
testicles or testes -	male sex glands which produce and store sperm.
umbilical cord -	tube connecting the fetus with the placenta.
urethra -	urinary canal which connects the bladder with the external opening; also final passageway for the sperm.
urine -	waste fluid, filtered from the bloodstream by the kidneys, stored in the bladder, and eliminated through the urethra.
uterus -	organ which contains, nourishes, and protects the baby during pregnancy (the womb).
vagina -	female organ of sexual intercourse, also acts as the birth canal during childbirth and passageway for the menstrual flow.
virgin -	individual who has never had sexual intercourse.
vulva -	collective name for all the external female sex organs.
"wet dream" -	(see "nocturnal emission")

APPENDIX A

STUDENT AND TEACHER PAMPHLETS AND BOOKS

FILMS AND FILMSTRIPS

STUDENT MATERIALS

Fisher, Lynn. ***The Handbook.*** Santa Clara County's Project AB 3121. Abbey Press, 1978. (free)

A pamphlet written in both English/Spanish clarifying juvenile law and listing phone numbers of community agencies geared to help youth.

Gordon, Sol and Conant, Roger. ***Protect Yourself From Becoming an Unwanted Parent.*** Ed.-V Press, 760 Ostrom Avenue, Syracuse, N.Y. 13210 Revised, 1975. ($ .30 each)

Concise information on birth control methods presented in comic book form.

Gordon, Sol and Conant, Roger. ***V. D. Claptrap.*** Ed.-V Press, 760 Ostrom Avenue, Syracuse, N.Y. 13210 ($ .30 each)

This publication presents straight forward facts regarding syphilis and gonorrhea with methods of prevention in comic book form.

Gordon, Sol and Conant, Roger. ***Ten Heavy Facts About Sex.*** Ed.-V Press, 760 Ostrom Avenue, Syracuse, N.Y. 13210 ($ .30 each)

An excellent comic book, presentation of basic facts.

Gray, Marian Johnson & Gray, Roger. ***How To Take The Worry Out of Being Close: An Egg and Sperm Handbook,*** 1971. (out of print)

Metropolitan Life. ***Facts You Should Know About V. D. - But Probably Don't.*** Metropolitan Life Insurance Co., Copyright 1971. (free)

Background history of V. D., concise factual information in question and answer form - what it is, how you get it and what to do about it.

TEACHER REFERENCE BOOKS AND PAMPHLETS

Beserra, Sarah, Jewel, Nancy and Mathews, Melody. ***Sex Code of California, A Compendium.*** Public Education and Research Committee, Berkeley, California, 1760 Solano Avenue, Room 305, Berkeley, CA 94707, 1973. $3.95

Necessary background information for both teachers and administrators. This is an extensive review of sex laws in California.

Department of Youth Authority. ***Family Life Education Curriculum Guide.*** State of California, Documents Section, P. O. Box 20191, Sacramento, CA 95820 $5.20

Emory University School of Medicine. ***What's Happening?*** Emory University School of Medicine, Department of Gynecology and Obstetrics, Family Planning Program, 69 Butler Street, S.E., Atlanta, Georgia 30303. $3.00

Katchadourian, Herant A. and Lunde, Donald T. ***Fundamentals of Human Sexuality.*** A Siecus handbook for teachers and counselors. John Hopkins Press, Baltimore, 1969. $4.50

This was utilized as a basic text for the program and is recommended for that purpose. The book is highly technical and covers biology, sex and law, sex and morality, and also contains a section on eroticism in art and literature.

Planned Parenthood. ***The Inside Story.*** Planned Parenthood, 55 East Jackson Boulevard, 20th Floor, Chicago, Illinois 60604.

Planned Parenthood of Santa Cruz County. ***Sex Education: Teacher's Guide and Resource Manual.*** Planned Parenthood of Santa Cruz County, 421 Ocean Street, Santa Cruz, CA 95050. $10.00

Resources for Youth and Families In Santa Clara County. Produced by Project AB 3121, Santa Clara County, April, 1978.

FILMS AND FILMSTRIPS

About Sex:

Full color 16 mm motion picture produced by Texture Films, Inc., 1600 Broadway, New York, N.Y. 10019. Cost: $220.00

Provides a candid, honest approach to sexuality. The film shows a group of teenagers talking with Angel Martinez, a very hip "leader-teacher". The questions and answers are discussed naturally in terms that the teen group understands. The film concludes with a factual discussion of contraception, homosexuality, abortion, etc. (There are a few brief scenes of nude bodies and one edition of the film shows a "subliminal" flash of a couple engaged in intercourse.) Check the policy of your administration before using it with teenagers. This 24 minute film is often available for loan (at little or no cost) through local Planned Parenthood/ World Population Centers and/or Public Health Departments.

Attack Plan:

Filmstrip set produced by Walt Disney Educational Media Co., 800 Sonora Avenue, Glendale, CA 91201. Cost: $35.00

Titles include: *Planning the Invasion* (7½ minutes), *Carrying Out the Mission* (10 minutes) and *The Enemy's Defenses* (8 minutes). This series of filmstrips deals with a very serious problem and uses cartoons (as only Disney can) to communicate the necessary information in a light hearted manner. A teacher's manual is included with this very enjoyable series.

Child is Born:

Full color 16 mm motion picture film distributed by Centre Films, Inc., 1103 North El Centro Avenue, Hollywood, CA 90038. Cost: $320.00

This film shows a young married couple and their complete birth experience. The film expertly portrays the parent's devotion to each other and their baby. It was produced in Sweden so some of the prenatal care and delivery techniques differ from those in this country; however, the film is so sensitively done that it is worth the inconvenience of explaining these differences. The reality of labor and childbirth is presented with emphasis on the couple sharing the childbirth experience. (Screening time 34 minutes)

APPENDIX B

TEACHING MATERIALS AND

STUDENT QUESTIONS

TEACHING MATERIALS

Contraception Kit -

Ortho distributes the one we use and it can be ordered through any drugstore or Planned Parenthood. (we received ours free).

Condom Display Chart -

The condoms were free and we made up the chart. Check with your local drugstore or Planned Parenthood.

Question Box -

Use a shoe box with a slot cut in the tip and 3" x 5" cards for the questions.

Methods of Contraception Flip Chart -

Item No. 01203 purchased from: Planned Parenthood, 810 Seventh Avenue, N.Y., N.Y. 20010 Cost: $37.00

Speculum -

Our's was given to us by the Planned Parenthood group.

Full Size Models -

Baby in birth positions (5 models) manufactured by Ortho. We are only able to check these out through our County Media Center.

SAMPLES OF QUESTIONS SUBMITTED TO QUESTION BOX

1. Can you get V. D. from a French Kiss?
2. What causes a girl to have a heavy discharge?
3. I have had sex with the same guy for three years. The only form of birth control we have used is withdrawal - how come there has been no pregnancy?
4. If you miss your period does it always mean you are pregnant?
5. Me and my girl have had sex two or three times. Is there a chance that she would get pregnant if I made love to her one more time?
6. If your bed partner has V. D., how long will it be before it shows on you?
7. Can it hurt your baby if the doctor takes x-rays when you are five months along?
8. Can the wall of the cervix ever tear?
9. What makes the woman have a climax?
10. Can a girl get pregnant the first time she has sex?
11. How big is the normal penis?
12. How deep is the vagina?
13. If you have sex more than once will the contraceptive foam still work?
14. Which is more effective, the I.U.D. or the pill?
15. Is there, or will there be, any form of birth control pill for men?
16. Why does a baby come out head first?
17. Is it healthy for women to have sex during pregnancy?
18. Does an abortion hurt?
19. Is it true that taking the pill will give you bigger breasts?
20. Can homosexuals get V. D.?
21. If a woman has syphilis for 8 months and goes to a doctor and finds she is 8 months pregnant, can they cure her in time to keep the baby from being effected? If not, how will the baby be effected?
22. Can a lady give V. D. to another lady?
23. Will your period end when you get older?
24. When a woman gets V. D. does she have a discharge with a bad odor?
25. When a person has V. D. do the symptoms appear on only one part of the body?
26. How come when you wake up in the morning you have an erection for no reason?
27. Why can't you get pregnant when you are on your period?
28. Could you get pregnant if you have a tipped uterus?
29. Can you use whipped cream instead of foam?
30. When you have intercourse how long does the sperm stay in you?
31. How can you prevent premature ejaculation?
32. Is it true that women can have several orgasms?
33. If you get a girl pregnant, are you required to marry her if she is under age?
34. Do women get turned on more when excited, like slapped or pushed around?
35. What is the longest amount of time you can wait until you get an abortion?
36. If you use a rubber is there less pleasure? Why do you only use it once?

37. Can a girl get pregnant when she is already pregnant?
38. What is the cowper gland and what does it do?
39. Why do women have to bleed?
40. If a guy gets a hard-on and doesn't have sex, won't it hurt him?
41. What if a girl grows up and does not have sex?
42. What will happen if a woman takes a lot of drugs when she is pregnant?
43. How many abortions is it safe to have and still be able to have children?
44. Don't chicks have wet dreams?
45. If a girl is spotting does that mean she is pregnant?
46. Can you still be pregnant if you started your period after sexual intercourse?
47. If you are pregnant and have sex with another man, can it hurt the baby?
48. How old does a guy have to be to make babies?
49. If a guy can't get off sometimes, but gets turned on, is that a sign of V. D. ?
50. When is the most likely time to get pregnant - before the period or after, or when?
51. Why do men have sexual intercourse with other men?
52. What day does the egg come to the uterus?
53. Can masturbation hurt you?
54. Is having a fever, hot flashes, stomach pain or tiredness a sign of V. D. ?
55. Say a girl likes to have sex with guys, but she has fantasies about having sex with girls, does it mean she's a homosexual?
56. If you douche with vinegar will it kill the sperm?
57. How long does it take for the sperm to reach the egg?
58. Is it better for a new baby to be breast fed?
59. Where is the afterbirth in the uterus?
60. What is the most sensitive part of the woman's body?
61. Does it always hurt when you make love?
62. How are twins produced?
63. Does masturbation keep you from having kids?

Note: These are not "made up" questions - they are taken from actual questions cards submitted by students.

APPENDIX C

NEWSPAPER AND MAGAZINE ARTICLES

Sex Education, Buried Issue?

by Robbie Curry

Americans are "sticking our heads in the sand" when it comes to sex education, the rise in teenage pregnancies and venereal diseases, according to a Planned Parenthood Federation of America official.

Dr. Louise B. Tyrer, vice president of Planned Parenthood with offices in New York City, said half of the 21 million teenagers in the United States are sexually active, and at least one million will get pregnant this year. Some are as young as 11 or 12 and ignorant of how they became pregnant, she said.

While the birthrate among the age group over 20 continues to fall, the rate for women and girls under 20 is rising.

The most important long-term solution to the problem is a "realistic" sex education program geared to the level of the child's need to know, starting from first grade on and with parents included in the education process, Dr. Tyrer said during an appearance in Wichita, Kansas.

According to Dr. Tyrer, only seven states mandate sex education, and of those, only three or four permit the presentation of specific contraceptive information as part of sex education. Dr. Tyrer said birth control information and services should be available to teenagers, a task Planned Parenthood has taken on.

In one area of the country where the teenage pregnancy rate was high, a principal invited Planned Parenthood to open a birth control information center at the school. The same sort of reaction is occurring in New Jersey, where the high incidence of venereal disease and teen pregnancies has brought cries for mandated sex education, Dr. Tyrer said.

When asked if more conservative communities are ready for comprehensive sex education, she said, "We are past due. The highest incidence of teen pregnancies is in middle class, white, teenaged, single girl (category) in areas of the country where it's so conservative they really don't have the information available to them."

Ridder News Service

U.S. PARENTS FAILING AS SEX EDUCATORS

by Dale Rodebaugh

American parents are doing a totally inadequate job in preparing their children in sex education, according to Dr. Sol Gordon, a nationally known writer, lecturer and activist in the field.

"While it is outrageously impossible to expect parents to be the only source of their youngster's sexual knowledge, I'd say there is something wrong with parents who prefer that their children learn about sex from graffiti on a public bathroom wall," Dr. Gordon said in an interview Friday.

Dr. Gordon, a professor of child and family studies at Syracuse University, was in Palo Alto over the weekend to deliver a series of addresses at a workshop titled "The Sexual Adolescent - Delight or Dilemma?"

"Eighty percent of parents are offering no sex education to their offspring, so we should break the cycle and have programs in schools, churches and the community," Dr. Gordon said.

Dr. Gordon is director of the Institute for Family Research and Education which under a grant from the National Institute of Mental Health, is training leaders from community agencies, schools and churches to prepare parents to assume the role as primary sex educators.

"Those who oppose sex education do so on grounds that knowledge is harmful. They believe that knowledge demands that the knowledge be tested," Dr. Gordon said.

"This is a myth," he said. "It is not knowledge that is harmful, but ignorance."

Evidence shows, he added, that teens who have received sex education delay their sexual experience until they are of college age, or they practice birth control.

Statistics tell the story of those who haven't.

The birth rate last year declined for all age groups except teenagers, Dr. Gordon stated. There were one million pregnancies among teenage girls. Some 600,000 were carried to term, he said, while slightly more than half remaining girls married to cover the pregnancy and the rest had children out of wedlock.

"On a worldwide basis, there is an unwavering relationship between education and fertility," the educator said. Educated nations have control for their fertility. Parents have the number of children they want, when they want them.

Dr. Gordon said he doesn't believe teen-agers should indulge in sex, but that if they do, they should utilize methods to avoid pregnancy or venereal disease.

"Consciousness raising, which he said was his term for women's liberation, has had the greatest positive effect and offers the greatest potential for teen-age education," Dr. Gordon said.

"Women's liberation is not the refusal to bear children or wear a brassiere as the enemies of the feminist movement claim," Dr. Gordon said, "but it is the demand for equal opportunity and equal decision-making."

Consciousness raising should begin in junior high school and teach girls that they need not define themselves according to male standards or leave themselves open to exploitation, but can develop their own lives.

"Another liberating force," Dr. Gordon said, "is the progressive element of religious groups that are doing some of the best writing on human sexuality."

"This is true of most religious groups," he said. They are breaking away from traditional teachings that sexuality is the enemy of God.

"Sexuality," he said, "is really getting to know another human being. Physical love is really a small part of sexuality."

article from: **San Jose Mercury and News.**

TEENS NOT SO 'SEXUALLY LIBERATED'

by Lynn Sanborne

When I was 16 I dropped out of a consciousness-raising group (CR) run by Huntington, N.Y., *NOW* when we came to the topic of sexuality. It wasn't that I was uncomfortable with the subject matter; it has always been one of my favorite topics - as perhaps this article indicates.

I just became fed up with the repeated exclamations of older women in the group (my sister and I were the only under-30 members) about how lucky I was to be growing up in the "sexually liberated" age.

They all assumed that my friends and I were blissfully free from the Victorian conformity which had characterized their generation's adolescence, and consequently we would never be saddled by the sexual hang-ups and dysfunctions which they had faced.

At the time I knew there was something terribly wrong with all these assumptions of free choice and emanicipation, but at 16 I was either too innocent or too inarticulate (and certainly too intimidated) to argue with these women who were old enough to be my mother.

So I dropped out and formed a consciousness-raising group of eight teenage women. In this group there was a clique of four inseparable 15-year-olds, and when the group came around to the topic of virginity, each of these girls revealed in turn that she had had her first sexual encounter within the last month.

None of the four had used any form of birth control; none had been particularly attracted to her mate. They all said they just "wanted to get it over with."

And none of the four had really enjoyed the experience. Nor were they able to discuss the matter with their parents.

The girls, however, did want to talk about their "first time" with friends (and members of our group), but their explanations came in half-sentences which trailed off into innuendo and nervous giggling.

They weren't so much confiding in us as they were bragging to us, but apparently they weren't certain whether their experiences were worth bragging about.

So this is my sexually liberated generation? I asked myself then, and in the past four years (which have carried me through the rest of high school and two years of college).

I have had to pause to ask it dozens of times. So let me finally explain to my older feminist friends of four years past: My generation is no more "sexually liberated" than yours. The pain and the pressures are still very much here, and though they are of a different hue, their intensity is just as piercing (and frequently blinding).

The Victorian standards of propriety which you adults had to live up to have indeed been overthrown (and good riddance to them!).

But they have been replaced by a new ideology which can be just as constraining. The new ideology goes something like this: Virginity is a hang-up, "good sex" is easy to achieve, and everyone is ready for it at the same time.

I'd like to introduce a term - the coitus conformity - which I think characterized the adolescent sexual scene of the '70's. I've observed it not only in the CR group I've mentioned, but many more times over in birth control clinics on Long Island and in suburban Massachusetts where I have counseled junior and senior high school students on birth control, pregnancy and VD.

Time and again the message comes across, despite the stammering which still shrouds any discussion of sex: I figured it was time to start having sex because all my friends were. I never felt like I had much of a choice - I'm 'going out' with this one guy so automatically everyone assumes we're making it. So then I figured we should be.

Maybe I should have waited. I don't know. I'm not sure I understand what it's all about. I'm confused but I don't know who I can talk about it with.

And with whom can they talk? Robert C. Sorenson found in his monumental 1973 survey, ***"Adolescent Sexuality in Contemporary America"*** that 50 percent of all adolescent males and 63 precent of adolescent females agree with the statement, I would like to be able to talk with my parents about sex.

Yet 72 precent of the boys and 70 percent of the girls say that they and their parents do not talk freely about sex. Sorenson concluded that many adolescents feel they are left to fend for themselves - to grow up with their sexual needs without anyone else's supervision or explicit assistance.

I think it is a mistake to attribute this lack of communication to the fact that the parents of today's adolescents grew up when Victorian morality was the norm. Even if many parents are overly reticent, that alone does not account for the conversational impasse when it comes to sex.

I think the chief stumbling block to meaningful discussion of sex between parent and child is that the adults are totally snowed by the myth of the happily promiscuous adolescent. Parents avoid the subject, acquiescing in the mistaken belief that "kids today" know everything there is to know about sex.

One need only consult the latest Planned Parenthood study figures - over one million adolescent women become pregnant each year and two-thirds of those pregnancies are unintended; venereal disease is epidemic in the teenage population - to realize how little "kids today" really do know about such practical considerations of an active sex life. And clinical data seems to indicate that young people today suffer from just as many hangups and dysfunctions as adults.

I have spoken with numerous adolescents who were stunned at how supportive and open-minded their parents were, once they had gotten up the courage to broach the subject.

Unfortunately it often takes a crisis (such as a possible pregnancy) before the young person will approach his or her parent.

This is particularly distressing since earlier communication may have prevented the crisis. Parents don't have to wait for a crisis to open up a dialogue with their children if they can embrace one simple rule: Don't assume anything about your child's knowledge of sex. I'm not saying that parents should feel compelled to discuss explicit details.

But parents can provide an environment that encourages open discussion of interpersonal matters.

I was discussing the "coitus conformity" with a 30-year-old acquaintance of mine. "There's nothing new about all of this," she told me. "I and my friends felt much the same way when in the late '60's we were supposed to be suddenly sexually liberated. Most of us felt quite oppressed by our new 'freedom'. At least before we were liberated, having 'good morals' was an acceptable excuse that didn't hurt anybody's feelings. Now if you don't want to go to bed with someone, you have to make it personal. What do you say? I don't like you enough? Or I just don't feel like it? That's pretty hard for a 30-year-old to pull off, much less a 16 year-old. Things may have been repressed and dishonest before, but they're a lot more difficult now - much too difficult, I think, for your average adolescent.

In these sexually sensitive times, teenagers desperately need informed adults to whom they can turn for answers to their questions and for the understanding of their ambivalence about their sexual impulses. In the "liberated '70's," parents must educate their children that the greatest freedom of all, is the freedom to say "no thanks."

article in: **San Jose News**
September 19, 1977.

NO SHAME FOR 'TEEN MOTHERS?'

by Joan Jackson

"I'm not ashamed of my baby," says the 15-year old, patting her very pregnant tummy. "We love each other and we would get married if we weren't so young (he's 16). But I'm going to keep my baby and be the best mother I can be."

She reminds the reporter that "Nobody uses the term 'unwed' or 'illegitimate' anymore. It's 'young mother' or 'teen mother'."

Young is the right word. Last year there were 39 mothers between the ages of 10 and 14 in this county. And 10-to-14-year olds accounted for 119 abortions. The statistics in Santa Clara County can be an eye-opening for those who remember when "teen mothers" were talked about only in hushed whispers.

There were 2,246 mothers in the 15-19 age bracket besides those 39 pre-teen mothers, out of a total 16,647 births.

A third of all abortions performed in 1975 were on adolescents. The 15-to-19 year olds in the county accounted for 3,306 abortions in addition to the 119 pre-teens out of 8,962 performed.

Untimely and unwanted pregnancies have become a leading cause of school drop outs, teen suicides, welfare dependency and high-risk medical problems among young girls.

Attacking the immediate problem of school drop out, San Jose Unified School District now provides the unique Young Mothers Program for pregnant junior high and high school girls.

More than just providing the academic credits, the program places strong emphasis on helping young mothers face the added responsibilities of parent and family life.

Says Karen Widman, a teacher in YMP, "These girls have chosen not to have an abortion. I wouldn't say it was a religious basis but a personal thing. Most girls who choose not to abort also choose to keep their babies."

Right now there are 40 girls enrolled in YMP which operates in cooperation with Campbell School District. About 100 teens a year go through the program; YMP is in its ninth year and replaces the old "Home Teaching" programs. There is always a waiting list.

How do you prepare a 15 year old to be a mother?

"We do what we can," says Mrs. Widman. A psychologist works with the girls also. "We use outside speakers and counselors and sources like Children's Home Society to explore options available."

Says Stephanie Harkness, another YMP teacher, "What is frustrating to us is that there is so little time. You've got to do it all in less than nine months. There is a great need for supportive help - some kind of supportive agency where mothers both married and unmarried can go for help."

Without the Young Mothers Program most of the girls would simply drop out of school at age 15 or 16. "We want to keep them working, pushing toward high school diplomas to keep them off the welfare roles. Most are on welfare right now," Mrs. Harkness says.

The girls stay with YMP until they deliver and then finish out that semester. There is a nursery at the school, so the young mothers bring their babies with them. A nursery aide watches the babies while the mothers are in class in the adjoining room.

"The biggest need," says Mrs. Widman, "is for child care after the baby is born. One thing we are looking for is a center where the girls can leave their babies and have job training. It's the follow up - what comes after the baby - that is the biggest problem."

When Dawn was 15 years old she gave birth to a son she chose to keep. Now 18, she is married to someone who is not the baby's father.

"For me, the abortion was all set up and then I couldn't go through with it," she says. "I thought about giving him up for adoption. . .my parents would have adopted him."

As for marriage to the baby's father, "Well, he made the offer. But no, that wasn't the answer," she says now.

Dawn was a sophomore at the time. "I would have dropped out of school if it wasn't for the Young Mothers Program. It really helped a lot because I didn't know anything."

She found the hardest part was the embarrassment "because obviously I wasn't married. My thoughts didn't relate to other 15 year olds any more. I was thinking of going home to the baby and they were thinking of going to a football game. I was a different person from the others."

Terri has just turned 16. She was 14 when she got pregnant and had her baby. She married the baby's father when she was 15. "I never thought of an abortion," she says, "I knew I would have the baby and keep it."

The baby's father, who is now 19, was very supportive through the whole thing, she says. "He wanted to get married right away, but I didn't think I was ready for marriage then."

The surprising thing about Terri is that, at 16, she appears so mature. "Having a baby really matures you," she counters.

Observes one teacher, "That's really true. Having a baby - that experience - really matures you."

Many of the girls choose not to marry the baby's father even if the offer is made.

"A wedding ring won't solve the problem," one girl commented.

Says Mrs. Harkness, "The range of problems is enormous. It's not just having the baby. That's the start, not the finish."

More than half of the girls are still involved with the fathers of their babies. "These are not casual relationships," says nurse Diane Jensen who works at the YMP. "They have usually gone together for some time; it's rare for the girl not to know who the father is."

Too, the girls and boys are usually about the same age and have never made a major decision in their lives - "So how can they sort out this kind of problem?" wonders Mrs. Jensen.

Three out of four teen marriages fail. And that's a whole other story. "We have those who live together. She collects welfare checks and if they marry, the check is cut off," says one teacher. "She gets more from welfare than the boy can earn, so that's what they do."

One teacher said only one or two out of 10 young mothers will choose to give her baby for adoption. "People think the reason there are few babies for adoption is because of abortion, but really it is because the girls keep the babies," says Mrs. Jensen.

Judy, now 18 and graduating from high school, had her baby when she was a 15-year old sophomore. She gave up her son for adoption.

"I realized he'd have no father. I needed to grow up. I wasn't ready, able, to be a mother," Judy now says.

article from: **San Jose News**

TEEN FATHER-TO-BE REVEALS TROUBLES

by Joan Jackson

"Man, am I glad I rapped with you," Bob told Rodney Den Dulk.

Bob is 16, his girl firend is four months pregnant and this was the first time the high school junior had been able to talk - really open up - about his feelings.

About how his girl friend's mother is going to put a curse on him. ("She knows how," he told Den Dulk.) And how his girl wants to get married ("Well I like her a lot but, man, every day and night with her. . . .I don't know about that.") .

So, Bob (that's not his real name) needed to talk about it - not with his parents, not with her parents, but somebody.

Says Den Dulk about the young fathers like Bob, "If they feel I'm an okay guy, then I'm safe to talk to. . . .They'll open up. The girls know I'm okay because I'm at the school every day. But some of these guys need somebody, too. They have all this stuff inside of them." Den Dulk is psychologist for San Jose Unified School District.

If there were 2,385 teenage mothers in this county last year, then there also were some very young fathers. Maybe only one out of 10 teen fathers choose to rap with Den Dulk. He works primarily with unmarried young mothers, "But when I do talk to the guys, they say after they feel better about it."

No preaching from Den Dulk, and he won't ever say, "Well, you should do this and this." And probably that's what helps to make him an "okay guy." He asks questions, lots of them. "All I'm trying to do is have them look at what they want realistically. If they can find themselves, they can find where they are going," he says.

"The kids tend to report sexual activity anywhere from six months to two years prior to pregnancy. The girl has been on The Pill, but stopped taking them."

"I see a lot of this macho stuff - I'm a man now. I've made a baby. The fathers do not deny the sexual act. I feel that often it is not an "act of love" but when she's pregnant, they try to turn it into an act of love to make it all right. You know, let's get married and solve everything. But the basis often isn't there for marriage."

He spins out involved conversations: "I say. . . .the guy says. . . .she says. . . ." What comes through, he relates, is a lot of "I don't knows."

They aren't really communicating with each other, he feels. "The girl wants one thing, the guy wants something else. They want to get married, get an apartment, but they can't come up with the down payment. They want to buy furniture and things for the baby, but they can't even get credit at 16. They are thinking about today, not about tomorrow or next month or next year," he says.

Also, the legal responsibilities are sticky. A District Attorney's Office spokesman says, "The responsibilities of a 16 year old father are the same as any father's. In addition, a girl who applies through the welfare system has to cooperate in naming the father," says a spokesman for the D.A.'s Family Support Division. Most of the young mothers are on welfare.

article from: **San Jose Mercury and News.**

WHICH BIRTH CONTROL METHOD IS BEST FOR YOU?

by Judith Ramsey

If you are wondering about some of the new, improved methods of contraception that have been developed in recent years, and have been alarmed by some of the scary reports about a few of them, here is a summary and a chart (see end of article) to give you the most complete, up-to-date information. You have many factors to consider: your medical history, personal needs and life-style as well as your attitude toward abortion. Discuss your preference with your physician. In considering the risks associated with each method, bear in mind that pregnancy, abortion and childbirth in themselves have health risks.

HORMONE CONTRACEPTIVES: The Pill, which contains synthetic versions of two female hormones - estrogen and progesterone - works by preventing the release of the egg from the ovary so that no pregnancy can occur. Its possible side effects are well known by now, but new ones are discovered from time to time. The Pill is thought to help prevent certain menstrual disorders, iron-deficiency anemia and benign breast tumors. The Mini Pill has far fewer side effects - except for irregular bleeding - but is slightly less reliable in preventing pregnancy. The newer injectable (Depoprovera) has not yet been approved by the Food and Drug Administration for general use. It is prescribed only for women whose childbearing is completed because it may interfere with future fertility in certain instances.

INTRAUTERINE DEVICES (IUD's): Available in many shapes and sizes and commonly made of plastic, the IUD is inserted into the uterus by a physician or other trained professional. It is removed when pregnancy is desired. It's not known exactly how the IUD works, but the three most popular ones - CU7, the Lippes Loop, and the Saf-T-Coil have proved to be quite effective in preventing pregnancy and have a low risk of side effects. Nonetheless, IUD's have been linked with a number of complications. It is too soon to know for certain how the newer copper-wrapped and hormone-containing IUD's will perform in terms of safety and effectiveness.

DIAPHRAGM: Many doctors believe there is a trend back to the diaphragm. When used correctly with spermicidal jelly, cream or foam, and allowing for the possibility of abortion, the diaphragm is highly effective and can be considered the safest method of all. Any woman planning to use a diaphragm should have it fitted by a physician or trained medical person, be instructed how to use it and come back for a follow-up check. Some women are reluctant to use the diaphragm because they consider it messy or inconvenient. These drawbacks can be minimized by using a teaspoon of jelly or cream and inserting the diaphragm up to several hours before intercourse.

CONDOM: Second in popularity only to The Pill, the condom or male sheath is selected by many young couples because it is available without a prescription, gives good protection against pregnancy and helps prevent VD. Its major drawbacks are that it disrupts sexual activity and may reduce the sensation experienced by some couples.

CONTRACEPTIVE CHEMICALS (FOAMS, JELLIES, CREAMS AND SUPPOSITORIES): Contraceptive chemicals work by forming a mechanical barrier to sperm and by killing sperm they contact. Of these preparations, aerosol foams, if correctly applied, probably are the most effective. Generally, however, contraceptive chemicals used with nothing else are recommended only for couples willing to consider abortion if the method fails.

RHYTHM: All versions of the rhythm method are based on the fact that a woman can become pregnant only during her fertile period - that part of the menstrual cycle when the egg is released from the ovary. Because the time of ovulation can vary considerably from month to month, the most effective method is to keep a daily chart of body temperature to calculate the unsafe period. A newer method, cervical-mucus rhythm, entails checking the consistency of mucus emanating from the cervix. It's advisable for women who prefer the rhythm method to use at least two forms at once.

STERILIZATION: In recent years sterilization has become the most popular method of birth control for couples in their 30's. Sterilization is the most effective form of contraception currently available. But it must be considered irreversible at present in most instances and is therefore recommended only when a man or woman is sure that no more children are wanted. Some men won't undergo a vasectomy because they mistakenly confuse loss of fertility with loss of sexuality. There are newer, and more simplified sterilization techniques for women, including laparoscopy, in which the tubes are severed or tied through one or two tiny abdominal incisions.

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"Which Birth Control Method ..."
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METHOD	COMBINATION PILL (Estrogen plus Progesterone)	PROGESTIN-ONLY PILL ("Mini Pill")	INJECTABLE PROGESTIN-ONLY (DEPOPROVERA) (Not approved for general use)	INTRAUTERINE DEVICE (IUD)	DIAPHRAGM WITH SPERMICIDAL JELLY OR CREAM	CONDOM
COST	Fee for office or clinic visit About $2 to $3.50 a month, by prescription Fee for annual checkup	Fee for office or clinic visit About $2 a month, by prescription	Fee for office or clinic visit for injection every three months	Fee for office or clinic visit $3 to $20 depending on device used Fee for annual checkup	Fee for office or clinic visit $3-$7.50 for diaphragm About $2 a month for spermicidal agent, with average use	25 cents to $1 or more
*EFFECTIVENESS (Expected pregnancies per 100 women annually)	Method failures: less than 1 User failures: 2 to 4	Method failures: 1 to 2 User failures: 2 to 4	Method failures: 1 User failures: 2 to 4	Method failures: 2 to 4 User failures: 5 to 10	Method failures: 2 to 4 User failures: 10 to 20	Method failures: 2 to 4 User failures: 10 to 20
PROCEDURE	Usually taken from 1st to 21st day of menstrual cycle, then 7 days off. Some brands of pill are to be taken every day, reducing chance of skipping a pill	Pills are taken daily	Exam by physician and injection every three months	Inserted into uterus. New types containing copper have to be replaced every two years. Hormone-containing devices are to be replaced each year	Inserted several hours or just before intercourse. (Add additional spermicide before subsequent acts of intercourse.) Must be left in place for at least 6 hours after each use	Rolled on before intercourse. Care should be taken that condom does not slip off before or after ejaculation
REASONS TO AVOID (Ask your physician for complete list)	Not for women over 40. Not for women of any age with a history of cancer of reproductive system; thrombophlebitis (clots); serious liver disease (hepatitis and jaundice); heart disease; abnormal vaginal bleeding. May be contraindicated for women with varicose veins; diabetes; serious migraine-like headaches, and high blood pressure	Nearly all of the side effects associated with the Combination Pill are linked to estrogen. While the "Mini Pill" contains no estrogen, it is suspected that progestin can be converted to estrogen within the body. Therefore, the contraindications may be the same as for the Combination Pill	Not for women with the health problems listed under Combination Pill, or for those wishing to have children (in a small number of cases, menstruation does not resume)	Not for women with pelvic infection (acute, chronic, or recurring); undiagnosed genital bleeding; cervicitis (inflammation of cervix); gynecologic malignancy; excessively heavy periods; anemia; fibroid tumors; heart disease. Be certain you are not pregnant before having device inserted. Copper devices not for women with known or suspected allergy to copper	Not for women not highly motivated to use diaphragm correctly before intercourse	Not for men not highly motivated to use condom correctly for each act of intercourse
COMMON EARLY SIDE EFFECTS (Ask your physician for complete list)	Nausea Breast tenderness Bloating Weight gain Irregular spotting or bleeding Headaches Depression	Bleeding irregularities (more common than with Combination Pill), from excessive bleeding to absence of menstruation Weight gain	Same as those of Progestin-Only "Mini Pill"	Heavy periods Bleeding between periods Cramping pain (if excessive, device must be removed)	Allergic reaction to spermicide or rubber in rare instances	Local irritation in rare instances
GENERAL HEALTH RISK	Abnormal sugar metabolism Changes in blood chemistry High blood pressure Change in libido Cystitis	General risk factors may be the same as those of the Combination Pill	General risk factors may be the same as those of the Combination Pill	2 to 20 percent expulsion rate (if unnoticed, pregnancy may result)	None known	None
RARE BUT POTENTIALLY SERIOUS SIDE EFFECTS	Thrombo-embolic disorders including strokes and blood clots in legs or lungs Heart attacks among women over 35 Liver tumors Report to physician immediately any unusual signs or symptoms, such as blurring of vision, migraine-like headaches, chest, leg, or abdominal pain, skin rash, pronounced emotional changes	Nearly all of the side effects associated with the "Mini Pill" may be the same as those of the Combination Pill, but may occur less frequently. Risk of ectopic (tubal) pregnancy	Serious side effects may be the same as those of the Combination Pill	Perforation of uterus. Severe pelvic inflammatory disease (infection). If pregnancy occurs, septic abortion (miscarriage) complicated by infection. Ectopic (tubal) pregnancy. See doctor immediately if you suspect you're pregnant, have severe pain, abdominal tenderness, suspicious discharge or irregular bleeding. Device may have to be removed	None known	None
SAFEGUARDS	If more than one Pill is missed, use another method as backup while continuing daily Pill use to end of cycle	If more than one Pill is missed, use another method as backup while continuing daily Pill use to end of cycle	If planning to switch methods, be sure to use some form of birth control as backup beginning no longer than three months after injection	At least once a month, preferably after period, check to make sure device hasn't been expelled	Check diaphragm regularly for holes or tears. You may require a different size if you have lost or gained more than 10 pounds, had a baby, miscarriage, abortion, or undergone a gynecological operation	Use fresh one for each act of intercourse. Use contraceptive foam for added protection if desired

A MODERN WOMAN'S COMPLETE GUIDE TO BIRTH CONTROL/Continued

METHOD	CHEMICAL CONTRACEPTIVES (Foams, jellies, suppositories, tablets)	RHYTHM (Calendar)	RHYTHM (Temperature)	RHYTHM (Cervical Mucus)	TUBAL LIGATION (Female)	VASECTOMY (Male)
COST	About $2 to $3 for 20 applications	Special chart or calendar available at no cost from local Planned Parenthood clinics and from some doctors as well as from certain religious organizations	Cost of thermometer to record body temperature	None	$250 to $500 doctor's fee. If done in hospital, add cost of stay	$50 to $150 for doctor's fee (clinic rates may be lower)
					Cost of sterilization procedures often covered completely or in part by health insurance	
*EFFECTIVENESS (Expected pregnancies per 100 women annually)	(Aerosol foam has the lowest pregnancy rate of chemical contraceptives) Method failures: 2 to 4 User failures: 10 to 20	Varies widely	Varies widely (more effective than calendar method)	Varies widely	Method failures: Less than 1 User failures: None	Method failures: Less than 1 User failures: None
		Method failures: 5 to 10, User failures: 20 to 30				
PROCEDURE	Must be applied no more than 1 hour before intercourse. (It may take up to 10 minutes before suppositories and tablets are effective.) All must be reapplied before each act of intercourse	A woman keeps a record of the date each menstrual flow starts and the length of time between periods. Using the number of days in the longest and shortest cycles, a woman can calculate the first and the last dates she's likely to be fertile within her subsequent menstrual cycle	A woman takes her temperature each morning before getting out of bed. A rather small but sharp rise occurs when the egg is released. After three days at the higher level, the unsafe period is past	A woman checks cervical mucus daily. Normally cloudy mucus becomes clear, slippery and stretches between fingers when egg is released	Fallopian tubes are tied off or cut	Vas deferens (Sperm carrying ducts) tied or cut
REASONS TO AVOID (Ask your physician for complete list)	Not for women for whom pregnancy or abortion is unacceptable	Not for women for whom pregnancy or abortion is unacceptable. Not for women to whom sexual abstinence for certain number of days is undesirable	Not for women for whom pregnancy or abortion is unacceptable. Not for women to whom sexual abstinence for certain number of days is undesirable	Not for women for whom pregnancy or abortion is unacceptable. Not for women to whom sexual abstinence for certain number of days is undesirable	Not for the couple who are unsure if they want children later	Not for the couple who are unsure if they want children later
COMMON EARLY SIDE EFFECTS (Ask your physician for complete list)	Allergic reaction in rare instances	None	None	None	Some soreness and pain for a few days after operation	Some soreness and pain for a few days after operation
GENERAL HEALTH RISKS	None known	None	None	None	Same risks as those associated with any surgery (bleeding, swelling, or infection)	
RARE BUT POTENTIALLY SERIOUS SIDE EFFECTS	None known	None	None	None	Women risk more serious although rare complications than men do	Very slight risk of serious bleeding or infection
SAFEGUARDS	Always apply before each act of intercourse	Effectiveness of all rhythm methods is improved by always using at least two methods and by carrying out under the supervision of a physician or trained medical personnel			None required	Medical checkup after procedure to make sure that sterilization was achieved. Some contraceptive method must be used after vasectomy until it has been shown by lab tests that semen no longer contains sperm

*Method failure means a pregnancy resulting from failure of the contraception itself (Pill, diaphragm, IUD, rhythm method, or whatever). User failure means a pregnancy resulting from failure of the woman herself to use the method or device properly.

Prepared with the cooperation of Planned Parenthood Federation, American College of Obstetricians and Gynecologists, and The American Medical Association

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A HIGH PRICE IN ILLNESS OF 70's FREEDOM

Perhaps the most dramatic testimony of the sexual freedom of the 1970's has been the drastic rise in the number of Americans afflicted with venereal disease. Although the reported number of cases of VD seems to have peaked in the last few years and now may be slowly declining; gonorrhea, with an estimated 2.5 million cases last year, remains by far the nation's most common and costly serious communicable disease, and a companion illness, genital herpes, is still increasing.

As one VD case worker remarked, "It used to be that love and marriage went together. Now it's love and sex, and in the passion of the moment people don't think about the possibility of receiving an unwanted gift like VD."

Yet a little thought given to the factors that encourage the spread of venereal diseases, plus a knowledge of their symptoms and how to get them properly treated, can go a long way to protect you and those you love from the embarrassment, discomfort and threats to health and life associated with the ubiquitous illnesses.

In addition to the obvious reason of more people having sexual contact with multiple partners, other factors that have contributed to the VD epidemic include the following:

The declining popularity of the condom and vaginal jellies and foams, which offer some protection (although by no means a guarantee) against the spread of VD. The Pill, sterilization and the IUD, now the most popular contraceptives, have greatly reduced fears of pregnancy but increased the risk of acquiring VD.

The increasing mobility of Americans, which makes it easy for one infected person to spread his disease to many others before he even knows he's infected. Some 10 to 15 percent of cases are acquired in foreign countries, and many more in cities far from home. In fact, doctors have recently been alerted to a new syndrome - CB VD - in which potentially infected pickups made over CB radio are impossible to trace because most use their "handles," or nicknames.

The large percentage of persons who are infected with venereal diseases but have no symptoms that they recognize and unwittingly spread the infections to their sexual partners. The majority of women and a smaller percentage of men with gonorrhea may be unaware of their infection until it reaches an advanced stage. An increasing proportion of infections are occuring in the throat and rectum, where symptoms may be lacking or confused with other diseases. Even among those who will have recognizable symptoms of venereal disease, the telltale signs may not show up for days or weeks after a person becomes contagious, giving lots of time for spread to others.

Increased sexual activity among teenagers who are often ignorant of the signs of VD or too ashamed to seek treatment, even though public health clinics offer free, nonjudgmental therapy and both clinics and private physicians can treat minors for VD without parental consent. A national toll-free hotline, (800) 523-1885, manned by teenagers, can tell anyone where to go for a free VD examination and treatment. It's open 6 a.m. to 6 p.m. P. D. T.

Neither social standing nor intelligence is a barrier to infection. Some of the "nicest people" get VD. In fact, there is no way short of total abstinence to guarantee protection against these diseases. There are no vaccines and one VD attack does not grant immunity to future infections by the same organism. You can get VD again and again and again.

Therefore, it behooves every sexually active person to take certain precautions against VD. These include avoiding a casual choice of sexual partners; using a condom applied before foreplay begins; using a spermicidal vaginal jelly or foam prior to intercourse; urinating and washing the penis with soap and water before and after sexual contact; obtaining frequent tests for syphilis and gonorrhea if you or your partner has other sexual partners, and if you get a venereal disease, avoiding all sexual contact until the doctor says you are no longer contagious.

You should also know enough about venereal infections to prompt you to treat them with the concern they warrant. If you become infected, it is essential that all your sexual contacts be examined and treated as well, whether they have symptoms or not.

HERE ARE WARNING SIGNS:

If you have been sexually active, and begin to have unusual symptoms, you may have contacted more than a passion for another person. These are the symptoms that tell you "something" is wrong:

GONORRHEA - In men, the usual symptoms, severe burning when urinating and a yellowish discharge from the penis - developed within two to 10 days of exposure. Eighty percent of infected women and 10 to 20 percent of infected men have no noticeable symptoms. Pharyngeal gonorrhea (following oral-genital contact) may produce a scratchy or sore throat, but usually no symptoms at all. Rectal infection is usually symptomless, but may produce anal discomfort and discharge.

Contrary to all widespread belief that the causative organism, the bacterium Neisseria gonorrhea, cannot live apart from moist, warm mucous membranes; live bacteria have been recovered from contaminated bathroom fixtures 15 minutes to four hours later.

Gonorrhea may be absent in up to half of the infected sexual partners of women with gonococcal pelvic disease. If a pregnant woman has active gonorrhea when she delivers, the baby may become blinded by the infection.

SYPHILIS - An estimated 450,000 persons are currently in need of treatment for syphilis but only about a third of them get treated. Caused by the spirochete bacterium Treponema Pallidum, syphilis occurs in three stages. At first there is an ulcer or sore, usually painless, at the site of infection. In women the sore may occur internally and not be noticed. The sore appears in 10 to 90 days after infection and heals within several weeks without treatment. But without proper treatment the disease is not cured.

In the second stage, after three to six weeks, the large numbers of spirochetes that have invaded the bloodstream produce generalized flu-like symptoms and a rash that is easily confused with other disorders. The rash, too, will heal without treatment, but again the infection is not cured.

In both the first and second stages, the victim can easily spread the disease to sexual contacts. In the third stage, the victim is no longer contagious, but his own body is under relentless attack. Heart disease, blindness, paralysis, brain damage and death may eventually result in as many as one-third of untreated patients. Syphilis during pregnancy can spread to the fetus and cause severe birth defects.

Syphilis is diagnosed by a blood test. The treatment of choice is an injection of penicillin, sometimes repeated 10 to 14 days later. Erythromycin or tetracycline, although less effective, may be used in cases of penicillin allergy. A blood test should be repeated every three months for two years to be certain of cure.

GENITAL HERPES - An estimated 300,000 persons get genital herpes each year and the number is slowly increasing. The virus that causes this venereal infection is cousin to the cold sore virus. It produces similar painful sores on and around the genital organs. In women, the sores may be restricted to the cervix and therefore not noticed, but the discomfort can be considerable.

The sores heal in two to three weeks, after which the person is no longer contagious. But the virus does not go away. It simply goes underground and is likely to recur. Recurrences, however, are usually less painful and don't last as long.

There is no known cure for a herpes infection, and there are serious disadvantages to most of the specific treatments. Therefore, doctors prefer to treat the infection symptomatically, soaking with a salt solution, sitz baths, painkillers, soothing ointments and possibly an antibiotic cream to prevent secondary infections. It is important to avoid touching your eyes while you have an active herpes infection. If a woman has a herpes infection when she delivers, her baby may become seriously ill and die.

Several studies have linked genital herpes infection to the later development of cancer of the cervix. Accordingly, any woman who has had herpes should have a regular Pap smear, preferably every six months, for life.

NONSPECIFIC URETHRITIS - For every case of gonorrhea, there occurs a case similar in symptoms in men but caused by any of a number of unidentified organisms. These infections can produce urethral burning and discharge in men and, rarely, may result in a tubal infection in women. They are treated with tetracycline taken orally for seven days. Infants born to women with active infections may develop a pneumonia-like illness.

There are a host of other usually less serious venereal infections, including trichomonas and candidiasis, common vaginal infections which can be carried with or without symptoms by men. Since a layman cannot differentiate between these various venereal diseases, a medical examination and appropriate tests should be done on anyone with symptoms affecting areas of sexual contact. Control of V.D. is up to you.

Article from: **San Jose Mercury and News**

FACTS ABOUT INCEST

Contrary to what most people would like to believe, incest is not uncommon and affects families from every economic level, every racial group, every walk of life.

Generally speaking, the law defines incest as sexual activity between people who have such a close degree of kinship that they are not permitted to marry. The precise definition of incest, as well as the punishment associated with it, differs from state to state.

In the Santa Clara County treatment program, the definition is taken more loosely to include any person who functions in a parent-like or guardian role. Father-daughter incest is the type most frequently reported, followed by brother-sister incest which is considered the least traumatic, especially if it occurs between two consenting siblings who are close in age. Uncles, aunts, even mothers have been involved.

The violation of the incest taboo is so repellent to society that both the offender and the victim go to extraordinary lengths to conceal it - which is why relatively few cases come to light. Since, until recently, few states had mandatory reporting laws, there is no way to gauge with certainty how many instances actually occur. In the Santa Clara County program alone, more than 400 families - mainly white and middle-class - have been treated in the past five years.

"By conservative estimates, 40,000 to 60,000 children are sexually abused by their parents or caretakers every year," says Douglas Besharov, director of the National Center on Child Abuse and Neglect in Washington, D. C. In one county in Minnesota alone, the number of recorded cases of child sex abuse, including incest, has increased almost threefold ever since a mandatory reporting law went into effect last year. Between January 1 and June 30, 1976, 50 cases were reported. Since there are 314,000 children under the age of 18 in this county, that means that around one of every 3,000 youngsters is actually known to be involved in sex abuse.

In most states cases of incest, if reported at all, come to the attention of the police and child agencies and later go to family or criminal courts or both. Many cases of middle-class incest go unreported and may be revealed only to private psychologists or psychiatrists.

Even when reported, the majority of incest cases are dismissed by family or criminal courts for lack of evidence. Unlike the rape of an adult female, the sexual abuse of a child is one crime for which corroboration is still required for conviction, not simply the word of the child against that of the adult. Even when proof is established, many cases are dropped because of the family's fear of loss of income or social humiliation.

Article from: **Family Circle**
March, 1977

MY HUSBAND BROKE THE ULTIMATE TABOO

as told to Judith Ramsey

It seems incredible to me now that for two years I did not know what was happening under my own roof. If you had asked me, I would have said that there was nothing unusual about us to distinguish us from any other typical middle-class family, never suspecting that beneath that pleasant exterior there were things going on that I never dreamed of, much less understood.

My husband, Bill, was inspector for a small electronics plant in Northern California, and earned $18,000 a year. Along with our three children - Janice, who is now 16; Pete, 14; and 10-year old Sally - plus two golden retrievers, a cat named Sam, and three hamsters, we lived in a rambling ranch-style house bought with a small down-payment.

Looking back now I can easily see the signs that should have pointed to the truth - that we were in deep trouble. But I was in love with my husband, totally devoted to my children and happily involved in a demanding part-time job. Although I would have acknowledged that we had our problems - what family doesn't? - I told myself they weren't serious.

I met Bill, who is now 37, when I was a junior and he was a senior in high school in San Jose, California. After high school I enrolled in a junior college, but soon dropped out to marry Bill.

Even though the early years of our marriage were tough financially it didn't seem to matter because we were in love. Oh, our sex life wasn't the kind you read about in novels. Raised as strict Presbyterians, we were both virgins on our wedding night, and it never occurred to either of us to express verbally our sexual needs and desires.

Our family grew quickly. Janice's arrival was followed two years later by the birth of Pete and then Sally. I became involved with three small children and with running the household. Bill got a job as an assistant supervisor at a local electronics plant. As the years passed, Bill was given several promotions and ended up supervising three plants in Northern California which required traveling back and forth a great deal. Somehow we seemed to be caught up in our own little routines, which I assumed was what happened to married couples when the husband climbs the career ladder and the wife presides over home and family.

Without doubt our greatest bond was our children. We wanted them to have the college education and career choices we had been denied. So when our littlest one went off to first grade, I got a job on the late-afternoon shift in the administration office of the county hospital. All the money I made went into a separate bank account for the kids' education. Even though it meant missing dinner with my family, I loved my job. In many ways I felt stronger, more competent, more sure of myself than I ever had before. Doing well at work, making new friends, dealing with the drama of hospital life did wonders for my ego.

On weekends I would prepare and freeze five stews or casseroles for the coming week. When Janice, age 13, came home from school she would set the table and put the defrosted dinner in the oven. Bill jokingly called her "Little Mother" and I was pleased that my eldest daughter was able to share in the family responsibilities.

At 13, Janice was startlingly pretty, with long dark hair, regular features and intense blue eyes. Her idol was TV star Cher, and she spent hours practicing Cher's sexy walk and singing style. Popular with both the girls and boys, Janice already had an active social life and also excelled in her studies. From every standpoint she seemed to be an all-around girl.

Of course we had the usual ups and downs, but nearly all of the time we worked out our family problems. Bill, who was very involved with the children, often took them on sailing jaunts and other outings on weekends while I stayed home. He rarely had to discipline them, but when he did set boundaries or reprimand them, it was with firmness tempered with affection.

In the winter of 1973, something traumatic happened to Bill which I now believe may have played a part in the events that followed. He was passed over for a promotion to executive status in favor of a younger man who had far less work experience. Impulsively he resigned and took a much-lower-paying job with another electronics company. Now, looking back with a different perspective, I realize what a shattering blow this was to his ego. If I had paid more attention, I might have given him the support and affection he so desperately needed.

Despite his robust build and hearty manner, Bill was and is an extremely shy and insecure man who has great difficulty in expressing his feelings and in making new friends. Even after years of marriage, it was impossible always to know what was on his mind.

The first suggestion of trouble came when Bill's attitude toward Janice changed radically. Suddenly he became critical and argumentative with her, but not with the other two children. Janice didn't help matters. When she was confronted by Bill, she would resort to sullen silence or burst into tears and storm out of the room. In the years when Janice was 13 to 15, there seemed to be virtually nothing that she and her father could agree on.

"You were out too late last night," he complained one morning at breakfast. "I expect you home by 10 p.m. on weeknights." Even I thought his anger was excessive for the situation.

"But Dad," Janice replied in her newfound whiny voice, "all the girls stayed out until 11:30. We went for ice cream after the play rehearsal."

Bill's voice rose a little. "Maybe you should cut down on your extracurricular activities and spend more time on your schoolwork." Janice, I should add, was an A student and had excellent study habits.

A few days later trouble erupted again. Janice came down to breakfast dressed for school in jeans and a T-shirt. Bill exploded. "I won't have my daughter walking around looking like a little slut." Janice gave him a contemptuous look and flounced out of the room.

When Janice and a date strolled in at 1 a.m. after a dance, Bill was waiting up for them and forbade her to see the boy again.

I was genuinely puzzled by the conflict between them. I wrote it off as tension resulting partly from Bill's set backs with work and partly from Janice's evident signs of adolescence. No longer a winsome child, she was developing full breasts and hips and seemed brimming over with physical and mental energy.

The whole family sensed a change. Janice became unruly and Bill couldn't seem to discipline her. Her grades dropped and she started spending more and more time alone. When I made a few attempts to find out what was wrong with her, she would withdraw into a pained silence. As for Bill, he behaved as though he were embarrassed.

Then on January 12, 1976, my secure little world suddenly caved in without any warning. The day is forever framed in my memory. The beds were made, the cleaning was done, the laundry was in the dryer and I was in our bedroom getting ready for work. Disaster came in the form of a phone call from the local police station.

"Mrs. D- - - -, your husband has been booked on suspicion of lewd and lascivious behavior; there's more to it than that. You'd better come down here right away."

Bill arrested for lewd and lascivious behavior, for something so dreadful that the police officer wouldn't even tell me over the phone! There must be some mistake.

The ride to the police station was a nightmare because I couldn't concentrate on my driving. I tried to tell myself that the whole mess would be straightened out, that somehow there would be a plausible explanation. But when I arrived and was ushered into a room with Bill and a police officer, one look at Bill's haggard face and the officer's grim expression told me that something terrible had happened.

Without trying to soften the blow, the officer said bluntly: "Mrs. D- - - -, your husband is being held on suspicion of having had an incestuous relationship with your daughter Janice. She confided to a teacher at school, who reported the situation to us. Your daughter has been taken to the Children's Shelter for protective custody, where she will remain for at least a week. You should know that your husband has confessed to the crime and will be arraigned and moved to the county jail until trial date is set. You may want to call your lawyer about posting bail, but on no account may your husband return home."

For the first time in my life I almost fainted. Bill and Janice involved in an incestuous relationship? Incest was a strange and frightening word to me, a word whose meaning I barely understood, a word that was associated with the ultimate sexual taboo.

Through my shock and disbelief I stared at Bill.

"Betty, it's true." He broke down and wept. "I deserve to be punished. I guess you'll never want to see me again."

"How could you?" I screamed at Bill. Inside I seethed with conflicting emotions: Anger, even hatred toward Bill for what he had done and (surprisingly) some pity as well; guilt and fear for Janice (and some jealousy, too); concern for our other two children; and most of all an overriding terror that our family might fall apart. I recalled years ago I had said to myself that if any man ever molested my daughter, I would attack him with my bare hands. Now the nightmare was real and the molester was my husband.

When I got home I had to conceal my shock and grief so as not to alarm the two younger children. From my careful questioning, it became clear that they had no idea what had been going on. I simply told them that the situation at home had become so tense that a social worker had suggested that Bill and Janice live apart from us for a while. On the surface at least they seemed to accept this explanation.

"Gee, I'm going to miss daddy and Janice," piped little Sally, which almost reduced me to tears.

That night as I lay tossing and turning in bed unable to sleep, a vision of Bill and Janice together flashed through my mind. I put my hands over my eyes in an effort to blot out the image.

Why did he do it? Was there some terrible defect in my husband's character which had eluded me for 17 years? Was it because Janice, unaware of her budding body, aroused him as she pranced through the house, wearing tight pants and braless tops? I was about as well-informed about incest as the average middle-class American, which meant that I thought incest occurred only in very poor or disadvantaged families. I blamed it on drinking problems and other character disorders and believed that such offenders belonged permanently behind bars.

Other questions flooded my mind. Bill had been picked up at work - would he be fired? How would the children and I manage if his salary stopped? And how would our friends and neighbors react if the news got around? I could not think of a single reassuring answer to these questions.

The next morning the juvenile probation officer telephoned to arrange an interview with me that day. When we met, there was little I could say to explain what had happened. The probation officer said I could visit Janice the following afternoon. To prepare me she mentioned that she would be present during the meeting. I learned later that this is done because some mothers in my situation, who are afraid of losing their husband's paycheck, try to get their daughters to change their story and to drop the charges.

Janice was sitting alone forlornly in the visitors' lounge of the shelter when we arrived. Her face was puffy from crying and there were huge purple circles under her eyes from lack of sleep. I held her close, smoothing back her damp tangled hair just as I used to do when she was very young and had hurt herself or become ill.

"Oh, Mamma, it was so awful!" she sobbed. "It's been going on for two years. I wanted to tell you, but daddy said that he would be arrested if anyone found out, and I was afraid you wouldn't forgive me."

Trying desperately to conceal my grief, I merely said, "Oh, darling, of course I'm not angry," my voice cracking. "We'll talk about it at another time. Everything's going to be all right. You'll be coming home soon. Daddy is in jail now because he broke the law. But I know he loves you and me and deeply regrets what he's done."

As I held her, I felt a growing sense of outrage toward my husband. I wondered whether Janice and Bill could ever have a normal relationship again. What could I do or say, I thought to myself, to protect her from the horror of this experience, to restore her capacity to respond to a man? Someday she would meet a man she would love - I didn't want her to feel shame and self-loathing when he touched her.

After we left Janice, the juvenile probation officer informed me that she had already contacted the Santa Clara County Child Sexual Abuse Treatment Program, a unique counseling service that handles families torn apart by incest. The program is administered by the Juvenile Probation Department, the agency responsible for protecting the child victim. Unlike other programs around the country, this service attempts to help not only the young victim but also to rehabilitate the entire family so that in many instances the father can return home. Even if the father is in jail, he is allowed to attend individual, family and group sessions at the treatment center.

We drove to the county jail to see Bill, who was scheduled to be released on $5,000 bail and planned to live with his widowed uncle.

"What happens now?" Bill asked. "Will y[illegible] children ever see me again?"

"That depends in part on you," I replied. "If you agree to join the treatment program, perhaps we'll find out why this occurred." He nodded silently.

I was given an appointment two days later to see Henry (Hank) Giarretto, a marriage counselor and therapist who is director of the program. I fidgeted in the chair facing him. There was an awkward silence. Then I blurted out, "Why did he do it?" "No one can say for certain why a man turns to an incestuous relationship with his daughter," Giarretto replied. "It's clear that incest can occur in any family if the right combination of circumstances exists. Ordinarily there is poor communication between husband and wife and little display of real affection. Often something happens to make the husband, who may already be shy and insecure, feel even more threatened. Perhaps the wife gets a job or goes back to school, or he suffers setbacks at work. "Sometimes the couple have sexual problems, but more often it's the need for emotional nurturing, combined with low self-esteem, that makes certain men commit incest."
"For incest to occur, it is also necessary for father and duaghter to spend considerable time alone together. In your husband's case, you'll learn more about what happened when you and Bill get deeply involved in therapy."

Giarretto explained to me that incest is far more common than most people would care to believe. Nevertheless, I felt an enormous humiliation at the prospect of participating in a program with others who were in situations similar to ours. Yet I had no choice - the Santa Clara County program was our family's only hope.

The few studies made of incest suggest that unless both the offender and the victim are discovered and treated, there is a tragic double toll. Even though he usually suffers feelings of shame and self-hatred, the molester may become increasingly enmeshed in a sexual relationship with his child, sometimes turning to younger children in the family as they reach puberty. In many instances, the victim of incest, overwhelmed by shame and guilt, grows up to have marked personality disturbances and may be unable to function adequately in a normal sexual relationship later on.

The Santa Clara County program, which I joined, included a women's group. All the members had experienced incest in their families. We met once a week at the treatment center to talk about feelings, to share our experiences, and to offer one another both practical support and emotional support.

At my first session, a pleasant-faced woman of about 45 described how, after her husband had seduced their eldest daughter, he had introduced the younger boy and girl into sexual activity. "When I first found out, I thought I'd lose my mind. But you don't, you find inner resources."

A striking brunette spoke: "I was raped by my father when I was 10. It has taken me 15 years to come out and say so. Can you imagine the pain and suffering I experienced?"

Much to my surprise I found myself blurting out, "I learned recently that my husband had been having sexual relations with my 15 year old daughter for two years. I don't know how I'm going to get through the next few weeks."

Immediately three of the women responded by giving me their telephone numbers. One of them said, "Don't hesitate to call at any hour if you need to hear a friendly voice." A few days later when the problems I faced seemed to be overwhelming, I rang her up at 1 a.m. and we spent an hour on the phone until I had calmed down.

In the weeks that followed I moved dazedly through the motions of preparing meals, shopping, doing housework and working at the hospital. I switched to a daytime shift so that I could be with the kids for dinner and bedtime. I learned to cope with details that Bill had always taken care of since our marriage. I spent as much time as I could with Janice.

I could no longer meet close friends and listen to their talk about their children and husbands without feeling pain and bitterness. My greatest fear was that the younger children would find out. I soon learned who our real friends were. When I confided in Bill's own sister, she stopped calling. On the other hand, John and Pat Levy, our friends and neighbors of many years, whom I took into my trust, invited my three kids to share all their summer activities.

When Bill's case came up, he was sentenced to six months' imprisonment, a relatively light term because he had voluntarily agreed to enter the program. Another blow came when Bill was told by his boss not to apply for his old job after he was released from jail.

Somehow, slowly, with the help of Hank Giarretto and Dorothy Ross, the program's coordinator, I began to find a new equilibrium. I started to shed my bitterness and see incest as a family-related disorder requiring treatment. In my therapy sessions with Bill, we tried to fit together the pieces of the past to make some sense of what had happened.

"My mother was possessive and domineering and never let me do the things I wanted," Bill recalled. "Later on I was painfully shy with girls and couldn't talk to them easily. Unless I was really sure that a girl liked me, I would be afraid to ask her out."

"Our marriage was quite good, it seemed to me, for the first few years. But then as the kids grew older, you retreated into your own world, especially when you went back to work. Then, just when I was passed over for a promotion, you started doing really well, which left me feeling put down," I nodded slowly as I was finally beginning to comprehend. Part of the trouble had been my lack of understanding of Bill's great need for nurturing, which had made him turn to someone he knew, loved and admired him, his 13-year old daughter. This by no means excused what he had done. The program had taught us that having sexual feelings for a child is not unnatural; it is the expression of these feelings that's unnatural and harmful.

Gradually the pieces of the story fell into place. While I was at work and the two younger children in bed, Bill and Janice would curl up on our comfortable overstuffed couch in the den and watch thrillers on TV. As the weeks passed, he often stared at Janice, who was developing into an attractive woman. Janice, who had been raised on the seductive behavior of women on TV programs and commercials, imitated all the provocative gestures she had seen them use in order to gain her father's attention and affection.

One night Bill reached out to touch her. She resisted a little but was more confused than repulsed by her father's actions. "I love you," he told her, "I'd never hurt you."

Over the year he grew more persistent, starting with caresses, moving to foreplay and finally to sexual intercourse. Both of them were overwhelmed by guilt and shame, but Bill couldn't seem to stop what he was doing. He warned Janice never to tell anyone because he could go to jail if he were found out. So Janice kept her terrible secret, railing at her father in every other way, refusing to be disciplined. Finally one day when a favorite teacher reprimanded her for flunking an exam, she cried, "What happens to girls who have sex with their fathers?"

Naturally the teacher was appalled by the ominous implications and, not knowing what else to do, called the police. From that point on, the law took over, and luckily for us, steered us to the counseling service.

One thing is clear. Without the support and encouragement of the women's group, I would not have had the courage to tell this story in all its painful and shocking details. I have done so to help other parents recognize signs of impending trouble in their families and to do something about it before it's too late. I also want to reach out to the people who have been either victims or offenders in incestuous relationships and urge them to seek professional help.

To say that I've completely conquered my bitterness is untrue. I shall never completely get over it. The tragedy of incest is that it afflicts an entire family and leaves terrible scars. Janice, while having made good adjustment in therapy, is going to have to repeat a year of school. The two younger children, who now know that their daddy is in jail - though they don't know for what reason have become frightened and shy and are now seeing a therapist. After Bill's paychecks stopped and the lawyers fees were taken care of, we had virtually used up our savings. To add to our money worries is the fact that, with his jail record, Bill will have a tough time getting a responsible, high paying job.

Out of this misery some positive things have come. Bill and I have a new understanding. And he is grateful that I did not close my heart to him. Early this spring Bill will be released from jail, and he is coming home. The children, even Janice, despite some wariness - look forward to his return.

In all honesty I'm not sure how I will feel at first when I resume sexual relations with him. Nor do I know how I will feel when I have to leave Janice and him alone. He tells me that nothing will happen, and I want to believe him. Hank Giarretto reassures me that of all the 400 families who have successfully completed the program, there has not been a single recurrence of incest.

With the help of competent and concerned therapists we are struggling to put our life back together. Sometimes I have bad moments when I wonder whether we are going to make it. But most of the time I am buoyed by the knowledge that if the hell my family shared didn't destroy the love we all have for each other, nothing will.

FAMILY CIRCLE, March issue 1977
"Facts About Incest..."
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APPENDIX D

LAWS RELATED TO MINORS

PART III

LAWS RELATED TO MINORS

In the past seven years laws related to provision of medical services to minors have changed rapidly and in all instances the change has been toward giving the minor greater control over his or her own body. One of the most recent changes came about by the passage of SB-395 which permits minor females of any age, if sexually active, to give consent to their own birth control care.

This law voids several laws currently in force in California. Changes are noted in the guide which follows. All the information (except that regarding SB-395) which appears below was taken directly from the ***SEX CODE OF CALIFORNIA: A COMPENDIUM.***

CONTRACEPTION

CIVIL CODE 25.6: Notwithstanding any other provision of the law, any minor who has contracted a lawful marriage may give consent to the furnishing of hospital, medical and surgical care to such minor . . . The consent of the parent or parents, of such a person shall not be necessary . . . dissolution of marriage shall not deprive such person of his adult status once gained.

NOTE: This code remains important even with the passing of SB-395 for the reason that SB-395 refers specifically to birth control, whereas Civil Code 25.6 is much more broad.

CIVIL CODE 25.7: Notwithstanding any other provision of the law, any minor who is on active duty with any of the armed services of the United States of America may give consent to the furnishing of hospital, medical and surgical care to such minor . . . The consent of the parent or parents shall not be necessary . . .

NOTE: SB-395 specifically refers to the provision of contraceptives to females who are sexually active.

CIVIL CODE 34.6: Notwithstanding any other provisions of law, a minor 15 years of age or older who is living separate and apart from his parents or legal guardian, whether with or without the consent of a parent or guardian and regardless of the duration of such separate residence, and who is managing his own financial affairs, regardless of the source of his income, may give consent to hospital care or any X-ray examination, anesthetic, or medical or surgical diagnosis or treatment to be rendered by a physician and surgeon . . . The consent of the parent, parents or legal guardian of such a minor shall not be necessary in order to authorize such . . . care.

NOTE: This became known as the Emancipated Minor Act and was used to provide contraception to many minors. The right to obtain birth control which this law gave to emancipated minors will be extended to all minors with the passage of SB-395.

WELFARE AND INSTITUTIONS CODE 10053.2: Family planning services shall be offered to all former, current, or potential recipients of childbearing age, age 15 to 44, inclusive, and provided to those former, current or potential recipients wishing such services. Such services shall be offered and provided without regard to marital status, age, or parenthood. Notwithstanding any other provisions of law, the furnishing of these family planning services shall not require the consent of anyone other than the person who is to receive them . . .

NOTE: The services provided in this code for former, current, or potential welfare recipients are now extended to all sexually active females with the passage of SB-395.

ABORTION

CIVIL CODE 34.5: Notwithstanding any other provision of the law, an unmarried, pregnant minor may give consent to the furnishing of hospital, medical and surgical care related to her pregnancy, and such consent shall not be subject to disaffirmance because of minority. The consent of the parent or parents of an unmarried, pregnant minor shall not be necessary in order to authorize hospital, medical and surgical care related to pregnancy.

NOTE: This was a 1953 law and consequently was in effect long before abortion became legal in the fall of 1967. It was tested in the state courts in 1971 in what was known as the Ballard versus Anderson case. The State Supreme Court decided that the law did indeed give the minor female the right to consent to her own abortion.

SEX EDUCATION

EDUCATION CODE 8506: No governing board of a public elementary or secondary school may require pupils to attend any class in which human reproductive organs and their functions and processes are described, illustrated or discussed . . . If classes are offered in public elementary and secondary schools in which human reproductive organs and their processes are described, illustrated or discussed, the parent or guardian of each pupil enrolled in such class shall first be notified in writing of the class . . . Opportunity shall be provided to each parent or guardian to request in writing that his child not attend the class.

VENEREAL DISEASE

CIVIL CODE 34.7: Notwithstanding any other provision of law, a minor 12 years of age or older who may have come into contact with any infectious, contagious, or communicable disease may give consent to the furnishing of hospital, medical and surgical care related to the diagnosis or treatment of such disease, if the disease or condition is one which is required by law or regulation adopted pursuant to law to be reported to the local health officer. Such consent shall not be subject to disaffirmance because of minority. The consent of the parent, parents, or legal guardian of such minor shall not be necessary to authorize hospital, medical and surgical care related to such disease and such parent, parents, or legal guardian shall not be liable for payment for any care rendered pursuant to this section.

NOTE: Since venereal disease is a communicable disease which must be reported to the local health officer, the consent of the parent is not required for either diagnosis or treatment.

MARRIAGE

CIVIL CODE 4101: Any unmarried person of the age of 18 years or upwards, and not otherwise disqualified, is capable of consenting to and consummating marriage. Any person under the age of 18 years is capable of consenting to and consummating marriage if each of the following documents is filed with the clerk issuing the marriage license as provided in Section 4201: 1) The consent in writing of the parents of each person who is underage or of one lone such parents or of his or her guardian; 2) After such showing as the superior court may require an order of such court granting permission to such underage person to marry; and 3) As part of the order under subdivision (2), the court shall require the parties to such prospective marriage of a person under the age of 18 years to participate in premarital counseling concerning social, economic, and personal responsibilities incident to marriage, if it deems such counseling necessary . . .

ILLEGITIMATE CHILD

CIVIL CODE 196a: The father as well as the mother of an illegitimate child must give him support and education suitable to his circumstances.

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